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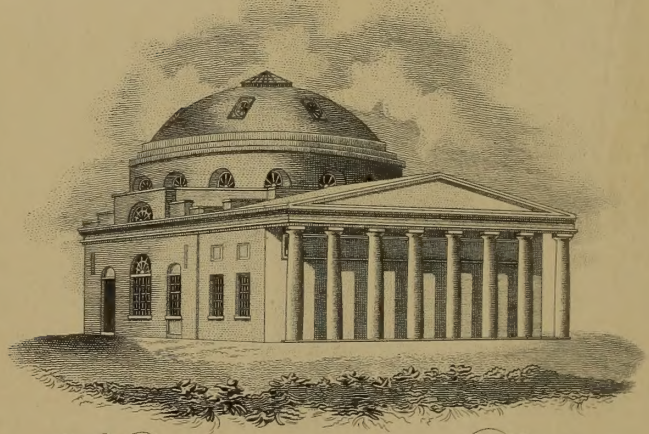

University of Maryland

University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

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UNIVERSITY OF MARYLAND

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UNIVERSITY OF MARYLAND

THESES

1852 (C)

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An

Inaugural Dissertation

On

Mania-a-Potu,

Submitted to the Examination

of the

Provost, Regents,

and

Faculty of Physic

of the

University of Maryland

for the degree

of

Doctor of Medicine

by

Joseph P. Manning

of

Washington County

Maryland

1852

WS
1852
M

Mania-a-Potu.

Mania-a-Potu is a disease brought on from a sudden suspension of the habit of indulging in alcoholic drinks. or from the use of any unnatural stimulus which the system once being under the influence of. is suddenly deprived. or in other words. it seems to be dependant upon a cessation of an accustomed excitement. It has been a very common disease for the last half century. The disease exists in various forms. and with different complications. Simple Delirium Tremens. generally dependant upon the deprivation of an accustomed Stimulus. and the complicated form dependant upon the continuation of a stimulus

up to the time of an attack of the disease.

After a man has been a free indulger in these poisonous drinks, he falls short of his regular dram as it is termed, from some cause or other. the most common one, not being able to obtain more. The first effect is generally, disturbed sleep, confusion of mind, the spirits much depressed, and the countenance manifests great anxiety, the extremities are cool and the surface disposed to perspiration. he may go on so for twenty four hours, he will then not unlikely be found with his perceptive faculties very much deranged, his eye very often directed to some particular object, or perhaps picking at his clothing,

at the same time muttering or talking to himself, and acting silly questions. Question him, and he will answer you in a hurried, impatient and peevish manner, inquire of him relative to his health, and he will invariably answer you rationally.

As the disease advances, he becomes haunted with mental illusions, he fears conspiracies working for his destruction, he imagines some hand pointing some deadly weapon towards him. If a man of business, he will all the time be talking of it, thinking perhaps some one is trying to take his property from him, or that they are about to destroy it—

The patient in this stage is very timid, harmless, and rather fearful. the nervous system as it were perfectly unstrung, he is easily cowed, so much so, that when doing anything wrong or going any where which would not be of good to him. the least grasp of an attendant, will almost always suffice to check him in his course. he gives up immediately, he may however refuse to obey for a short time, but by a little precaution he is easily led. In his fancy, conjures up the most grotesque and disgusting objects, which to him, are the most dreaded realities. The most dreadful of all his fancy's conjurings, are Goblins of all shapes flying about his apartment, some sitting at the

and crawling about his person, or around his room. He will not unfrequently be seen, busily engaged in picking bugs, or other insects from off his bed, he will sometimes be seen pulling at his tongue, imagining it, to be some reptile, trying to gain entrance into his body; 'tis amusing to a looker on to see with what earnestness, he tries to disengage it---

There is seldom, if ever, any malignant feeling, or disposition, to injure any one—

The pulse is generally soft, weak and thread like. tongue moist, and the body now bathed in sweat, with great tremor, at first, merely perceptible in the hands.

is now generally found to affect the whole system —

In those cases of protracted de-bauch, in which there is strong determination of blood to the brain, or where we have the direct result of excessive stimulation, we have a different train of symptoms manifesting themselves.

The face is flushed, the tongue furred, the pulse quite gone, extreme thirst, pulse full and excited and sometimes hard and resisting, accompanied with excessive vomiting —

Not unfrequently the first symptoms will be complete prostration, resembling almost a state of apoplectic stupor, the circulatory

symptoms, not being more manifest than in apoplexy, or Epilepsy —
He is suddenly knocked insensible as it were, as soon as the fit has left him, he is weak, feels as if he has been at labour, of the hardest and severest kind, but when full reaction takes place, the countenance will be flushed. the eyes injected, the skin dry and hot, pulse full and tolerably hard. If something is not done at this time, the patient will before very long be likely to have a severe stroke — I have seen them attacked three or four times in the course of a day —
There is never any tremor in the first stage of this form, it

generally presents itself, as a symptom of weakness, if at all...

If the patient be not attacked in this way, he may commence at once, with a perfect maniacal performance. He may be sitting in a seemingly happy unconcerned manner, all at once bounces from his seat, accuses some one of his family or acquaintances of having done him a wrong, he will pull his hair, stamp his feet, and in every sense of the word is furiously mad, his brain is crazed, he cares for nothing going on from worse to worse, until the physical frame, being no longer able to endure the preternatural work which it has been forced to do, gives up.

sometimes sinking never to rise again, at others exaltation takes place to so limited a degree, that the least exertion on the part of the patient, will suffice to extinguish the flame forever - - - - - - - -

Diagnosis - Delirium Tremens has been confounded with inflammation of the brain, there is a great similarity existing between the two diseases - It is not very hard, to distinguish it from the simple form, but it takes pretty good judgement and acquaintance with the two diseases, to see the difference between it, and the complicated form. - -

The first and last stage is to

inquire into the previous habits of the patient, but sometimes the patients, are unwilling to confess the fault. Then we will have to depend upon, the symptoms which emanate from the body, to form our diagnosis –

In Delirium Tremens, we have a weak pulse; skin moist, the body most generally bathed in sweat; accompanied with great tremor. Now in inflammation of the brain, we have none of these symptoms, except the tremor, and not it, during the first stage of the disease, there is always more fever, greater pain in the head, and the delirium in Encephalitis, is of very much

greater violence, and is without the imaginary terrors.

But in cases of the disease, following a prolonged debauch, it is very hard, to recognize directly. The circumstances that most distinguish the one disease from the other, are to be found in the pulse — —

Prognosis — The termination in the simple form of the disease, is very seldom unfavourable.

By resorting to the accustomed stimulant, the nervous irritability will be counteracted. (as the old adage, is the hair of the dog, that inflicted the wound, will effect the cure) — —

The prognosis is most unfavourable,

where the disease is brought on
in the following manner —
A man may have been indul-
ging to excess in liquor for some
time. exposing himself to all sorts
of weather &c; from this exposure
he is thrown upon his back with
some inflammatory disease — — —
Now we have two diseases, each
needing entirely different treatment,
the inflammation calling loud-
ly for depletion, whilst on the
other hand the nervous irrita-
bility coming on from the dread-
ful loss of blood and the stimulus
of which the blood has been
so largely made up of; the
brain being so suddenly divested
of it will have as a matter of course

following a greater degree of nervous irritability, and the stimulus, that would be required to restore the brain and nervous system to a healthy condition, would only be keeping up the already lighted flame, instead of extinguishing it.

Where the effect of the poison has been directed to the brain, the prognosis is also unfavorable. In the first place there is danger of the patient doing injury to himself, and in the second and last, in which the patient is suddenly prostrated, there is great danger of the fall proving injurious, and of reaction never taking place —

Anatomical Characters. No opportunity has never yet presented itself to me, to examine a body, or even witness a post-mortem examination, which has fallen under this disease; and when such examinations have been made, nothing has been discovered to satisfy the relation in relation to the disease. There has been sometimes found in the ventricles of the brain, a large amount of serum, also in the cavity of the arachnoid membrane investigating the cerebral substance, with slight opacity and thickening of the membranes particularly at the base of the brain, the pia mater is injected to a greater or less extent as

Besides the morbid appearances of the brain, we have the Stomach and liver affected, and not unfrequently the kidneys are found in a diseased condition. These morbid appearances throw very little light upon the disease now under consideration. These conditions of the different organs may have existed entirely independant of Delirium Tremens, from the fact, that such appearances have been met with, where there has been no Delirium Tremens, and Delirium Tremens, without any such appearances.

The heart, & bellow has been in a certain degree changed in its texture, the muscular

tissues being found soft, pale and flabby.—

It seems that alcohol has been obtained from the blood of persons who have been excessive indulgers. and also in animals that have perished from the effects of the poison, however these are not of much consequence in explaining the phenomena of the malady.—

Treatment.— There is great diversity of opinion with regard to the manner of managing this disease. The Opiate plan of treatment. is adopted by the majority of practitioners, it is certainly the best; and the rest of the indications being clearly to promote sleep, thereby counteracting the nervous

irritability or excitement —
The emetic plan is another which
is adopted by some — but is of
service in some cases, especially
where the patient is seen early
or where the system is not weak-
ened by the disease, but in most
cases the mucous membrane of
the stomach is inflamed to
that extent, that an emetic
would be decidedly inadmissible.
The only way that an emetic
can bring about the desired
effect, is by the sudden im-
pression it makes upon the
nervous system, and then the
secondary effect which is
sedative would very likely
lessen the action of the heart to

that degree that reaction would be almost impossible, Again there is in very many cases determination of blood to the head, which remedies would certainly have a deleterious effect—

Another mode is that of confining the patient in a dark place or cell. I cannot conceive how this mode can be an effectual one— In this single point where humour is so great the patient never likes to be left alone. It seems to me that instead of its having a curative effect it would have a contrary one, when his fancy would conjure up some of those awful images, instead of having some one to turn to for defence, he would not unlikely in

in his flight, seriously injure himself. In the second place I am certain that it would be a dangerous resort, in consequence of, in the first place the greatest risk that we would be running in leaving the patient alone in such a place, because it sometimes is even dangerous to leave them unwatched by light, for fear of them doing injury both to themselves and others, for which purpose which is not unfrequently the case, they would likely dash, not seeing their way, dash themselves against the walls of the prison (as in a case which I saw in the Washington county jail) producing instant death.

The Ligure plan is certainly a good one, it in most cases will cure the disease but in this too there is an objection. Nature it would seem has generated this disease to check the poor unfortunate wretch in his unnatural course, therefore I think it would be very wrong to give the same poison; which perhaps, would be the means of confirming him in his old habits; not at least when we have an agent so quick and powerful as mercury—

Bleeding was at one time altogether depended upon, and now it is very little relied upon; it also may be of service when the patient is very sick

or if he be a stout robust man, face found flushed, skin be not and the pulse full. The operator must observe closely the effects sometimes as little as an ounce of blood will suffice to bring on vomiting, profuse sweating, and all the symptoms characteristic of too great a loss of blood; but on the other hand where where there is tumor, the heat of the skin not increased, and the pulse easily compressed it would be almost murder to take a drop....

The most common mode of treating this disease is the Opiate.

When called to a patient; after inquiring into his habits or in other words after having formed our diagnosis, the room should be darkened

slightly, and every means used to keep the patient quiet -

The next step is to evacuate the bowels by some aperient medicine, next a dose of Opium, commencing generally with a grain, repeating it every two hours, until sleep is procured. If on calling again in the course five or six hours, sleep has not been produced, and the symptoms growing worse, the dose should be increased, not too largely either, for fear that the patient might go off, from the effect of the medicine.

If the stomach be inflamed or irritated, so as to reject the medicine a mustard plaster must first be applied, and the free use of demulcent drinks should be used, for

the purpose of defending the in-
flamed mucous membrane of the
stomach; and strict orders given
to keep the rooms clear of visitors —
If by this time the desired effect
has not been produced the med-
icine should be changed, according
ing to the tincture, from a half
drachm to a drachm, generally
combining with it some of the
alcoholic preparations, brandy being
the most preferable, as it is more
readily taken by the patient.
If, on calling again the patient
be found in a sleepless condition,
we should have recourse to the strong
preparations of opium, what the
best is Morphia, commencing with
half a grain, increasing the dose

about the one sixteenth of a grain every hour or half hour; being minutely observant of its action.

If the patient has Stertorous breathing, the head and extremities cold, and the skin clammy, the medicine must at once be withheld; and the most powerful stimulants should immediately be administered, such as brandy, Ammonia or any stimulant which is near at hand —

If all these means fail which they sometimes do, the patient must die.

If however the patient on the other hand is brought under the influence of the medicine the effects of which will be rest to the nervous system sufficient to counteract its morbid action, and restore it to its healthy condition.

When the disease is complicated the treatment is not so simple; when the disease follows an attack of acute inflammation, such as Pneumonia, depletion should be looked upon as the best mode of carrying the patient safely through, that is providing the system is not too much debilitated - If the inflammatory disease be overcome, why then the common treatment should be the one adopted - Or if the system be weak and the inflammation action is not subdued, instead of general bleeding, blistering and local bleeding should be had recourse to; at the same time the administration of medicine, for the purpose of quieting the nervous excitement.

In those cases resembling Apoplexy, as soon as reaction has taken place, blood should be taken from the arm, not too largely at first, for fear of setting up tremor -
Where there is much determination of blood to the head, the application of blisters to the nape of the neck, is recommended by some writers, and cold applications by others -
Chloroform has very recently been highly spoken of in the treatment of this affection given internally or by inhalation
The prophylactic treatment should consist in a gradual abandonment of the habit of indulging in alcoholic drinks; the patient should then be allowed some good nu-

bilious diet. He should be told how near the grave his pernicious habit had brought him, and that a second attack would be almost certain to be followed by a fatal termination - But all this my efforts will be of no avail, they will recommence their practice in spite of all that can be said and done. Now gentlemen I have acquitted my task; but very imperfectly I am fully aware, it is known the best that my unpracticed mind can generate, nevertheless I hope by you, it will not discountenanced.

Joseph? Chamy,

Washington Co.

Md

An

Inaugural Dissertation

on

Pneumonia,

Submitted to the examination,

of the

Provost, Regents, & Faculty of Physic,

of the

University of Maryland,

for the

Degree of Doctor of Medicine,

by

James P. Carter,

of

Virginia.

18[illegible]

Pneumonia.

Definition - The term pneumonia was formerly employed to designate acute inflammation within the cavity of the thorax, but at the present day, however, it is alone applied to inflammation of the proper substance of the lungs.

This disease admits of several varieties, the most important of these will constitute the subject of my subsequent remarks. It will be convenient therefore, in this place to point out and define these several forms separately.

The varieties of pneumonia are founded upon the different portions of the lung inflamed, the relation it bears to other diseases, or upon the

accompaning fever or general state of system.

The most common form of the disease we meet with, is Lobar Pneumonia, or that variety, in which the inflammation embraces one or more lobes of the lung, occasionally small isolated portions are inflamed, as for instance when distinct lobules or parts of lobules are affected. When this is the case we term it Lobular Pneumonia. The inflammation is sometimes confined chiefly to the different air cells, and gets the name Vesicular Pneumonia, The inflammation may exist at the same time in both lungs, in which case we apply the term Double Pneumonia.

Among the diseases with which it is most frequently associated, are pleurisy, affections of the liver and

Typhoid fever. When the investing membrane of the lung is involved in inflammation, the complication receives the name Pleuro-Pneumonia. When the liver becomes involved in inflammation with the lungs, we have Bilious Pneumonia; and when a low Typhoid state of system is associated with pulmonary inflammation, we apply the term Typhoid Pneumonia. Finally the disease may be either Acute or Chronic, that is, of a short or protracted duration.

Having thus pointed out and distinguished the several varieties of which I purpose treating, I shall now proceed with their-

Symptoms, Course &c.

(1) Lobar Pneumonia - This is most commonly ushered in with a chill followed with more or less fever. The

breathing is usually difficult and laborious, Cough is a usual attendant and almost always accompanied with more or less expectoration. Pain is commonly refered to some part of the chest, sometimes over the whole of the epigastric region, sometimes to the sternum or its immediate vicinity, and at other times to the right or left side or to the back. These symptoms are usually preceded by a general uneasiness, lassitude, loss of appetite, deranged stomach and headache. The pulse is generally full, strong and somewhat accelerated, the eye of the observe a fulness of the features, and eruptions about the face particularly on the lips, The skin is almost always hot and dry, and the urine scanty and high coloured. The patient generally lies on the affected side, though not unfrequently the opposite is preferred

The sputa in this affection is considered one of our most important signs, indeed it is the pathognomonic sign of the disease, when ejected, we find it usually very thick and tenacious, so much so, sometimes, as to adhere to the vessel containing it, when this is turned bottom upward. Besides this tenacity it may also be known by its peculiar rusty colour.

The above symptoms when well marked are usually sufficient to characterise common or lobar pneumonia, But this, subject are to great diversity, and, therefore, it will be proper to notice the more important of them in detail.

Pain may be entirely absent at the commencement of pneumonia, but in most cases it is one of the first symptoms manifested, At the commencement of the disease, it may either be very acute

or of a dull and aching sensation only, or there may be nothing more than a little soreness, or oppression, becoming painful only by a deep inspiration, or by pressure over the part affected. The part of the chest in which pain is most frequently felt, is generally directly over the affected lung, though not unfrequently it is felt in parts remote from the seat of the disease; no part of the chest is exempt, sometimes it is felt in one portion sometimes in another. It usually becomes aggravated when the patient coughs, or when he makes full and deep inspirations. Sometimes a very slight pressure over the affected lung will occasion a decided increase in intensity.

Breathing is usually hurried; the number of respirations may exceed fifty, or even sixty in a minu-

-ute, but in some instances it does not exceed the regular standard of health. In the cumbent posture it is usually much oppressed, sometimes so much so, as to necessitate the patient to maintain an erect position. The difficulty of respiration is very much dependant upon the extent of the inflammation; & also upon the position of the inflamed part. When the inflammation is situated in the upper lobe the dyspnea is supposed to be greater, than when the seat of inflammation is in the lower lobe. Consolidation of the lung is usually a cause of violent dyspnea, with short and quick respirations.

Cough may or may not be present at the very commencement of the disease, but after the affection has continued a day or two, it becomes a very prominent symptom. In some instances it is

very violent and painful in Fevers it is moderate and less painful; and in some rare cases it is entirely wanting until the disease has made rapid advances. At first the cough is mostly unattended with expectoration or at least attended with a very small quantity, but as the disease advances it is generally accompanied with a very copious expectoration, more or less streaked with blood. The matter expectorated presents many appearances it may either be a semi-transparent, greenish, yellowish, or a rusky coloured sputum. The latter however is most common, especially when the disease is well developed. In some few instances, this peculiar sputum appears as the only sign indicating the existence of pneumonia, In some advanced cases pure blood only is expectorated, but more commonly

we find it intermixed with the sputa giving it a reddish or yellowish appearance.

Fever is subject to great diversity, being in some cases so mild as almost to escape notice, while in others it is very intense. It is generally accompanied with a quick pulse, headache, flushed cheeks, hot and dry skin, scanty and bright coloured urine, great thirst and loss of appetite. The blood when taken from the arm is usually sizy and strongly cupped. The pulse is mostly full and strong, especially at the commencement of the disease; but in some cases in the xxx xxx - their hand, we find it small and weak from the very first. This is owing in most cases, more to the congested state of the lung than to mere debility. In connection with other symptoms peculiar to fever, we find the

tongue always more or less coated with a whitish or brownish fur. It is sometimes moist, and at other times clammy or dry. Vomiting and diarrhea are also very frequent attendants upon fever. The fever may be remittent or continuous in character, When characterized by remissions, the exacerbations usually come on towards evening attended with symptoms common to fever generally.

. The Physical Signs in pneumonia have of late attracted great attention. Have we not at our command the process of percussion and auscultation, the diagnosis would be in most cases very difficult, indeed the disease might in some rare instances run its whole course without even being suspected. In the congested state of the lungs or in the first stage, percussion is not so

important as it is in the subsequent stages. Auscultation will here afford us some very decisive evidence of the lungs. By it we discover that the bronchial murmer has nearly if not quite given place to the crepitant rale. When the disease is situated in the interior of the lung, the crepitation is much less audible than it is, when situated on the exterior portion. When the inflammation is confined to the inner substance of the lung, it is with difficulty detected by auscultation, but we can obtain much advantage, by causing the patient to make deep and full inspirations. The crepitant rale is a very valuable physical sign in the diagnosis of pneumonia. It always indicates the first stage of the disease.

In the second stage we usually attach more value to percussion than in the first

When the congested state of the lungs has passed into a state of hepatization, or when the first stage passes into the second, we have great dullness on percussion, especially if consolidation has gone on to any great extent. In the second stage crepitation is generally absent, and in place of it we have bronchial respiration, which is considered very characteristic of hepatization. The usual respiratory murmur becomes bronchial from a consolidation of the inflamed tissue of the lungs. In some instances, about the time the first stage is passing into the second, the crepitant rale and bronchial respiration are intermingled, or they may exist separately in the same lung one being audible in one portion, while the other is heard in a different part.

In connection with the above charac-

teristics of hepatization, we may have bronchophony or a vocal resonance or vibration produced in speaking, we may also feel a vibration under the fingers, when these are applied to the walls of the chest, while the patient is speaking or coughing.

In the third stage, when pus is diffused through the parenchyma of the lungs or when abscesses have formed and opened into the bronchial tubes, a mucous or gurgling rale will supervene upon the bronchial respiration. Dullness and decided dullness are produced here, as in the preceding stage, on percussion.

Should the disease take a favourable turn on the fourth, fifth, or sixth day, (as it is apt to do under judicious treatment) the pain becomes less severe the expectoration more natural, with a diminished

of the febrile symptoms and cleaning of the tongue, and in the course of eight or ten days the patient may be restored to apparent health. Though not unfrequently the patient retains some of the symptoms (as cough or dyspnea) for several weeks after the prominent features have wholly disappeared. A fatal result may occur either in the first, second or third stage, being the most frequent however in the third and very rare in the first.

If the disease advances unfavorably from the first stage to that of ~~[illegible]~~ suppuration, which may occur in the course of six or eight days, the symptoms increase in violence and the disease begins to take on more serious aspects. After suppuration has set in there may or may not be pain, more commonly however it is absent. Difficulty and frequency of respiration are usually so much

increased as to compel the patient to lie with his shoulders elevated. The expectoration diminishes in quantity and very often becomes purulent; in some instances it is absent altogether owing perhaps to the patients inability to cough up the matter as it is secreted from the lungs, and thus by overwhelming the debilitated lungs, it is usually a cause of a fatal result. The countenance exhibits a pale and haggard appearance; the pulse is generally weak and quick, and the skin bathed in cold perspiration. Such may be the symptoms revealed in the course of unfavourable cases.

In the course of pneumonia, certain discharges may occur such as diarrhea, epistaxis and certain cutaneous eruptions, which are called critical. They generally indicate a relief to the

but they may sometimes assist in bringing on the fatal termination.

2) Lobular Pneumonia - This variety of the disease occurs almost exclusively in children under six years of age. Owing to this young and tender age of the subject, the disease becomes involved in great obscurity. In most cases it is difficult to ascertain whether the little patients have pain or not, and the precise seat of it. Children so young seldom expectorate: the matter secreted from the lungs is usually swallowed, when even brought to light; it rather resembles the mucous of catarrh, instead of that characteristic of pneumonia. This disease is very often associated with others, such as, hooping cough, measles, catarrh &c. When the complaint is well developed, it usually begins with more or less fever, frequent and hard cough, short-

ried breathing. quickened pulse, pain, more or less severe; but this is not as evident as other symptoms though it is often indicated by the unusual restlessness and the crying of the child. As the disease advances, the symptoms increase in intensity; the pulse amounting to one hundred and forty, or as high as one hundred and seventy in a minute. The number of respirations may exceed seventy or even ninety in a minute. Preceding the occurrance of death the cough is usually almost if not quite suppressed; the pulse very small and feeble, with a pale and livid countenance; the cries of the little patient become less and less faint until they entirely cease. Towards the close the respiration is marked with great irregularity, and attended with deep sighing. The duration of this disease in

most cases is two or three weeks; but not unfrequently the disease end in death or haste much sooner than this; and in other cases again, the duration is protracted beyond two or three months, especially if abscesses or tubercles are present.

The physical signs very frequently afford us aid in lobular pneumonia. The "subcrepitant" rale is often heard in the earlier stage, and is generally very important in diagnosis, especially when heard over different and distinct portions of the lungs, with healthy respiration intervening. In the advanced stages bronchial respiration is usually present, and there is a peculiar resonance detected over the chest, when the child cries. In the advanced stages we observe dulness and flatness on percussion.

(3) Double Pneumonia - When the inflammation occupies both lungs, the disease is said to be much more serious than when confined to only one. Respiration is here much more difficult and laborious; debility is greater, and the countenance more expressive of anxiety. The pain is felt on both sides, percussion is generally on both sides. As we have no healthy side here to compare the sounds with it would be a good plan to compare them with those elicited from a healthy chest. Am regard to the symptoms in other respects double pneumonia differs but little from single pneumonia.

(4) Bilious Pneumonia - This form of the disease exhibits many of the symptoms of ordinary hepatic disorder. It also resembles bilious remittent fever in many respects. Like that disease it is usually

confined to miasmatic districts. The lower portion of the right lung together with the upper border of the liver are the parts most commonly affected. The disease may either be primary or secondary.

In almost all cases pain more or less is felt in the right hypochondrium extending to the back and right shoulder. The yellow appearance of the conjunctiva and the skin, the deep coloured yellowish brown urine, the yellow coated tongue and the vomiting of bilious matter mixed with the ejesta, all belong the existence of a disturbed state of the liver. The pain is most commonly dull and aching, attended with a sense of depression and weight about the breast. Though this is usually the case, yet the pain is not unfrequently very acute and pungent. The pulse is usually small and

quick. The tongue is mostly coated with a yellowish white fur and in advanced cases it may be a dark or darkish brown colour. The physical signs in this disease do not materially differ from those in common pneumonia. The fatality of this affection is generally small.

Typhoid Pneumonia - This affection is generally developed during the course of malignant epidemics, and occurring in those persons with enfeebled and depraved constitutions. In connection with the symptoms of ordinary pneumonia, there exist neuralgic pains which are not unfrequently very severe. The expectorated matter is usually copious, and mixed with blood. As the disease advances the sputa becomes dark in colour and is sometimes of a fetid odour. In some instances it consist chiefly of blood. The pulse is very weak and easily compressed. The skin hot and dry and

usually covered with more or less petechiae. The tongue is coated with a brown or darkish fur, with sordes about the teeth. The evacuations are dark and offensive. The patient's mind is often wandering followed by stupor, delirium, and finally death.

Chronic Pneumonia - This is a very rare disease so rare indeed, that it is seldom met with in private practice. When it does occur it is usually the sequel of an acute attack. The duration is very uncertain it may last only a few months, but it not unfrequently runs on for years before a termination in health or death. The symptoms in this affection are much more moderate than they are in acute pneumonia. The pain in most cases is very slight the cough much less violent than in the acute variety; the pulse is somewhat quicker than in health febrile exacerbations towards evening, some dyspnoea almost always present and then

consolidation is very extensive. it is very urgent. The patient generally retains a fair portion of strength, and a tolerably good appetite. The physical signs are dulness and flatness on percussion, and usually absence of mucl, if not all, respiratory sound, especially when there is much consolidation.

Anatomical characters

(1) Lobar Pneumonia. The morbid structural changes produced in this disease are 1st Engorgement. it is congestion which is confined to the first stage. The inflamed portion exhibits a brown mottled or reddish colour, and when cut into a large quantity of bloody, turbid or frothy serosity runs out. It is of a firmer texture and somewhat heavier than it is in health; and notwithstanding this increase in density it will usually float on water. We generally find the air cells containing more or less blood

which readily exudes, when the congested lung is pressed between the fingers. The lung when deprived of its fluid becomes as elastic and crepitus, and of the same colour as in health, that is, if air be blown into them. Therefore when the disease is arrested in this stage the lung readily reassumes its healthy appearance. Should the inflammation be so severe as to terminate the disease in this congested state of the lung the structure of the affected portion becomes so soft as to be easily broken down under pressure. Many times we can move the finger through the substance of the lung without meeting with any, or a very little resistance.

2nd. Hepatization, or the morbid appearance presented in the second stage has the colour and consistence of the liver. The lung in this state is so much consolidated, or increased in density as to render it almost entirely impermeable

by air. There is an entire absence of crepitation under pressure and when a portion of the lung is put into water, it usually sinks to the bottom. When cut into, the parenchyma exhibits a red or grayish appearance, and so soft as to be easily broken down under pressure. The fluid which exudes in this stage, is of a redish appearance, thicker and less frothy than that observed under similar circumstances in the congested stage. The hepatized lung does not collapse upon exposure to the atmosphere, as in the healthy condition.

3rd. Gray Hepatization, or that morbid state which is peculiar to the third stage. In this stage the lung is condensed, impermeable to air, and granular as in the preceding stage; but connected with these it presents a yellowish or gray appearance and when cut into it dis-

-charges a yellowish opaque, or purulent fluid, ~~and~~ occasionally mixed with blood. The lung in this stage is usually very soft, sometimes so much so as scarcely to admit of handling without producing cavities in its substance. Abscesses are not unfrequently present in this state of the lung.

4th, Gangrene - This is considered a very rare result of ordinary pneumonia. When it does occur, the gangrenous portion has about the same density as the congested lung in the first stage and presents a dirty brownish, greenish or blackish appearance. The patient's breath is intolerably fetid and offensive. The matter expectorated is of a chocolate colour, and omits a very disagreeable odour. The cavity containing this matter may either open into the bronchia or pleura. Most commonly however it opens into the bronchia.

2) Lobular Pneumonia— In infantile pneumonia, the inflammation generally occupies small, round, and distinct spots; but not unfrequently, these become so crowded together as to form one continuous mass of inflammation, resembling in appearance lobar pneumonia. The spots are small and defined at the commencement of the disease, but when it has somewhat advanced, these spots run together differing in size and shape; and finally these may run together and overspread the whole lung affected. The inflamed spots or patches are red and more prominent than the healthy lung intervening, and when exposed to the atmosphere they do not collapse as the healthy lung. The inflammation is occasionally present in both lungs but in almost all cases it is confined to one. Infantile pneumonia may go through

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the same stages as lobar pneumonia. In the third stage the condensed and inflamed patches exude a purulent liquid which presses between the fingers. Abscesses not unfrequently form, owing perhaps in many cases to the small extent of the inflamed patches.

3) Vesicular Pneumonia. This is a variety of the disease in which the inflammation seems to be confined to the air cells. Upon incision the lung exhibits a vast number of yellowish spots or granules, containing a small quantity of pus. These spots or granules somewhat resemble tubercles in appearance, for which they may be mistaken; but their softness and collapsing when cut will be sufficient in most cases to distinguish them.

4) Typhoid Pneumonia. The low and asthenic state of system accompanying

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-pon this complication is usually very evident even in the commencement of the first stage. The blood in this variety, is most frequently very thin and watery. The lung assumes a softer state early in the disease. Owing to the liquid state of the blood, the stage of suppuration many times immediately succeeds that of congestion, and even gangrene has been known to supervene upon the first stage.

c) Chronic Pneumonia. Pathological beings here present two different forms, the in which abscess is present, and the other, in which consolidation or hepatization, is observed. Abscess may be confined to one portion of the lung alone, or they may exist separately, in distinct portions. The extent of these, is dependant upon the preceding inflammation. If it has been intense, and

has involved an extensive portion of the lung, the abscess will be large.

In the second form when the lung is hepatized or consolidated, we find the parenchyma dense and heavy without crepitation. Sometimes the lung is so hardened as to become almost cartilaginous, and when cut into it will exude a small quantity of serious fluid. The volume of the lung is usually diminished in size, and causes the chest to be contracted.

Diagnosis

Pneumonia is very liable to be confounded with other diseases confined to the cavity of the chest. Those with which it is most frequently confounded, are, bronchitis, pulmonary oedema, pleurisy, and phthisis.

Bronchitis when only existing in the large bronchial tubes may be easily distinguished

-ed from pneumonia; but it is when the inflammation extends to the smaller tubes and more minute ramifications of the bronchia, that renders the diagnosis more difficult. In bronchitis the pain is generally not so acute as it is in pneumonia, and it is confined to the superior part of the chest, and mostly behind the sternum. Expectoration differs from that of pneumonia: the viscid and rusty sputa so characteristic of the latter affection is always wanting in bronchitis. Instead of the exciting rale, we have dry and mucous rales. The bronchial resonance is usually absent in bronchitis; and on percussion there is little or no dullness. If the two diseases are not combined the diagnosis is not very often difficult.

Pulmonary oedema differs from pneumonia by its want of febrile symptoms

local pain, and the viscid, rusty and bloody sputum, which are characteristic of the latter affection. There is crepitation in oedema, but it is not so fine as it is in pneumonia, and it is more indicative of a thin liquid in the bronchial tubes.

Pleurisy may be distinguished by its sharp and severe stinging pain and its being confined to one spot. The character of the expectoration in the two affections is entirely different being viscid and rusty in pneumonia, and mucous, transparent and whitish in pleurisy. In the latter disease the crepitant rale is quite wanting; and in the former, bronchial respiration is more extensive and is heard over the more remote parts of the chest, especially when there is much effusion. In pleurisy, dulness on percussion is usually

perceived earlier, and flatness is said to be more complete in the advanced stage than it is in pneumonia. The vocal vibration is never felt over pleuritic effusion, while in pneumonia it is very striking.

Phthisis and pneumonia occasionally present symptoms somewhat analogous, especially in the chronic form of the latter, when abscesses exist; but the situation of the abscesses, and the previous sings of pneumonia, such as the characteristic sputa and the crepitant rale followed by bronchial respiration, will in most cases be sufficient to distinguish the disease.

Prognosis

The fatality in pneumonia depends very much upon the variety of the disease present. If it is primary, occupying only a small portion of the lung, and occurring

in a person not debilitated by the age nor otherwise; and if not complicated with other diseases, a favourable issue may always be expected.

Among the most encouraging indications of a favourable turn of the disease, are, a copious expectoration of a thick yellowish matter; a gentle diaphoresis, and a diminution of pain and oppression in the chest, with a moist and less troublesome cough.

When, on the contrary, the pain becomes more and more intense, the oppression more generally diffused, the cough dry, and when the patient's countenance becomes livid and expressive of great anxiety, the pulse soft, irregular and small & sometimes also, finally, when delirium or coma supervenes, the fatal termination may be considered near at hand. A copious discharge of colli-

-quative sweats, with inability to lie down, and a bloodish and fetid expectoration are looked upon as almost fatal indications. These unfavourable symptoms are common in secondary or complicated pneumonia. This disease is very uncertain in its termination; there is always hopes for a favourable issue, even in the advanced stages; for instances of unexpected recovery are not unfrequent; but on the other hand, death may speedily supervene, in cases apparently free from dangen. The fatality of pneumonia is said to be much greater in infants and old age, than it is during middle life. When it occurs in those persons who are subject to tubercles or also connected with the scrofulous diathesis, it may be considered inevitably fatal. When associated with a malignant

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epidemic, it is also very fatal. When the upper lobes of the lungs are the parts most prominently affected, the disease is said to be more unfavourable than when the lower lobes are the affected parts. The manner in which this disease is treated has much to do with its fatality. Several varieties of it, if treated as common or lobar pneumonia will often assist in forwarding the fatal issue.

Causes

Pneumonia may occur at any period of life, and under almost any circumstance, of any habit, and in any situation. The most common exciting causes are cold and vicissitudes of the weather, direct violence, poisonous inhalations, the excessive use of the voice, more exercise of the body generally which may cause the head to

accumulate in the lungs powerful emotions, the sudden suppression of habitual discharges and habitual indulgences in spiritous liquors. Pneumonia very often supervenes on other diseases such as bronchitis, measles, hooping cough, scarlatina, catarrh, and small-pox. It is not unfrequently connected with typhoid and typhus fevers, especially when these are prevailing epidemically.

Pneumonia is usually more prevalent in cold countries, and during cold seasons, than it is in warm countries and during warm seasons. Some certain [illegible] to the disease, such for instance, as those which expose the lungs to injury from the inhalation of acrid metallic [illegible] gases, [illegible] substance, which may irritate the

pulmonary [illegible] [illegible] over exertion of the lung from speaking or singing may also give rise to the disease. Age does not appear to have much influence over the frequency of its occurrence. In regard to sex it is generally more frequent in men than women, owing probably to the former being more exposed to the exciting causes than the latter.

Treatment.

The principles of treatment in pneumonia are not always simple, but very often require much judgement, and a nice discrimination. For while the treatment employed under certain circumstances is salutary, it would under others be almost instantly fatal. Therefore it is [illegible] necessary for us to be [illegible] and make a proper discrimination

before attempting to administer our medicines. As each variety of the disease has been considered seperately, in respect to symptoms &c. it will be proper here to notice them seperately in respect to treatment; more particularly as each variety, in most cases requires an entire different treatment.

Common or Lobar Pneumonia.

In this disease the first thing we do (if circumstances admit, or they almost always do) we bleed; indeed, general blood letting is considered our [illegible] anchor. The extent to which it is to be carried, we are entirely governed by the degree and severity of the pain the condition of the pulse and the state of the system generally. [illegible] depends also, on the period of the disease at which the operation of

[illegible] is performed, the manner of performing it and the manner in which the blood flows from the orifice of the vein. As a general rule it should always be taken from a large orifice, that it may flow in a large and full stream, while the patient is in a sitting or semi-erect posture. If the patient is vigorous, the pulse strong, and the disease not advanced fifteen or twenty ounces or more, may be taken at the first bleeding. Should the pulse not have been reduced, nor the pain diminished, it will be necessary to repeat the operation; and if the [illegible] should still obstinately refuse to yield, we may bleed the third, and even the fourth [illegible], if required. In some cases the lungs are so overwhelmed with [illegible]

respiration consequently so much impeded as to occasion a partial asphyxia. In this condition the pulse is very small, weak and frequent, suggesting the idea of great debility of the system. Such cases are well calculated to mislead the practitioner if he be not on his guard. In these cases, blood-letting is urgently called for, etc. [illegible] than we begin to bleed, the pulse becomes stronger, fuller and more frequent. These cases are sometimes difficult to distinguish from those of real debility, but the sudden occurrence of this apparent prostration, and when respiration and other symptoms indicate oppression of the lungs, it is a much safer plan to use the lancet than to resort to measures calculated for

real debility. When we are about to bleed under these circumstances, it would be a good plan to place the fingers on the pulse, and if it should flag or become still weaker when the blood begins to flow it will be an indication to close the wound immediately. But if the pulse should rise, and increase in frequency and force, the blood should be allowed to be [illegible] the appearance of syncope.

After the first bleeding or two, from the arm, leeches are sometimes substituted. But they are not very often used in this form of pneumonia; being more valuable in infantile pneumonia.

The active cathartic medicines are only used in pneumonia at the very commencement of the disease, after

the first bleeding; then a through evacuation of the bowels in most cases, is decidedly beneficial. Throughout the disease it will be necessary to administer some mild aperient occasionally, in order to keep the bowels open, as for instance, castor oil, or substitute of Magnesia; or laxative enemata may be used sometimes advantageously to answer the purpose.

Cooling diaphoretics are very valuable remedies. Among the most important of these, are, nitre, lactate of ammonia and the effervescing draught.

With a view of diminishing the action of the heart and arteries, promoting expectoration and diaphoresis- nauseating doses of tartar emetic are highly useful. At

is generally necessary to give it in as large a dose as can will be borne without producing vomiting. We cannot give large doses of this medicine until the stomach has become accustomed to smaller ones; therefore it will be proper to commence with small doses and gradually increase until larger ones can be tolerated. The power of bearing large doses depends also, upon the stage of the disease in which it is administered. Tartar emetic combined with bile makes a very useful combination to be given when there is fever with hot and dry skin. If vomiting results either from very large doses of the antimonial or otherwise, the effervescing draught should be substituted.

After the action of the heart and

arteries has been produced by depletion, opium becomes a necessary remedy. It does good by soothing pain, allaying cough and promoting a salutary expectoration. It may either be given alone or in combination with other agents. It is usually combined with calomel and ipecacuanha, or tartar emetic. When combined with minute doses of tartar emetic, it has a very decided tendency to increase the expectoration and promote diaphoresis. These medicines may be combined in the following proportions; one grain of opium, one of ipecacuanha and two or three of calomel, or one grain of opium to one fourth or half a grain of tartar emetic and two or three of calomel. A t.

would be, in a separate dish, given in doses of one tenth, one eighth, one fourth of a grain, every hour or two during the day, while the above combination of opium ipecacuanha and calomel is given at night, in the form of pill.

Should the disease persist in spite of the above treatment, it will be necessary to try the effects of mercury. The combination, calomel, opium and ipecacuanha, before given at night, may now be given through the day in small doses and often repeated. Sometimes the blue pill is used with advantage to effect the same purpose. Either of which blue and favorite mercurial preparation should be administered in small doses and at intervals of three or four hours, and continued until a slight mercurial

effect is observed about the gums.
When the salivation has been established, it will be necessary to diminish the quantities of the medicines, or administer them at longer intervals, so as not to produce a too profuse ptyalism.

While we are trying the effects of mercury, we, at the same time, apply a large blister over the affected part, and repeat it or not, according to circumstances.

In the advanced stages of the disease expectorant medicines become very useful agents. Among the articles most useful in this class are hartshorn mixture, syrup of squill and ipecacuanha. They may be given pro re nata.

If there is much debility in the advanced stages of the disease, and the powers of the system seem to give

may, it will be necessary to resort to stimulants, such as carbonate of ammonia, wine whey, sulphate of quenia &c.

In regard to diet, it should be, in the early stage mucilaginous or farinaceous. Barley water, thin gruel, the juice of oranges and the decoction of dried fruits &c, are in most cases very good. In the declining stage, substances more nutritious should be allowed, such as milk broths, and the lighter meats.

Lobular Pneumonia— As this disease is confined almost exclusively to children under six years of age it will be necessary to modify the treatment recommended for the disease in adults. Owing to the peculiar constitution and tender age they will not bear the same amount of depletion

tion as adults. Instead of taking blood with the lancet leeches are generally substituted. Emetics are used with advantage. Laxatives should be given to keep the bowels open. Calomel is considered a very valuable remedy here; it may be given in combination with a small quantity of opium and ipecacuanha. Tartar emetic cannot be given here as recommended above in lobar pneumonia, though at the commencement of the disease it may be given in very small doses combined with calomel. Expectorants are very often needed, and not unfrequently productive of much good. With a few debility is a very prominent characteristic, and usually calls for supporting remedies. The stimulants recommended in pneumonia

of adults are generally useful here.

Bilious Pneumonia – Bleeding in this form of the disease is not as well borne as it is in the uncomplicated variety; but if the habit is plethoric, from ten to fifteen ounces may be taken, and repeated if necessary.

Mercury is here the remedy in which most reliance is usually placed. It may be given alone or in combination with ipecacuanha, opium or tartar emetic. Tartar emetic is a very useful adjuvant in this disease. In some cases where the propriety of using the lancet is doubtful, it would be a good plan to substitute tartar emetic and administer calomel with it. In regard to other matters the treatment should be conducted as in

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common pneumonia. If the disease be associated as it not unfrequently is with miasmatic or intermittent fever, sulphate of quinia should have a fair trial. It may be given in doses from one to two grains between the paroxysms. In the declining stage stimulants and supporting treatment are recommended and conducted on the same principles as in the other varieties of the disease.

Typhoid Pneumonia— Blood-letting is here, generally speaking, inadmissible. In some cases leeches or cups may be used with advantage, but even these not unfrequently do harm by the exaustion they produce. An emetic of ipecacuanha is generally very serviceable at the commencement of the disease.

After this, calomel, combined with opium and ipecacuanha in small quantities, is recommended; half a grain or a grain of calomel with one fourth of a grain of ipecac. and opium, forms a good combination to be given every two, three, or four hours until the gums are slightly touched.

When the disease has somewhat advanced, or as soon as signs of debility become manifest it will be necessary to resort to stimulants and supporting measures unhesitatingly. Those most commonly used are carbonate of ammonia, wine whey, quinia &c. Ardent spirits and turpentine are in some cases advisable. The diet here should be nutritious and supporting, especially in the advanced stages.

Chronic Pneumonia— Active depletion in this affection is very rarely called for. In some cases it will be necessary to take a little blood from the chest by cups or leeches, but general blood-letting is rarely practiced without it is urgently called for by the fever pain and other symptoms.

Mercury is considered a very potent agent here. It should be administered in such a manner as to produce a slight effect on the gums, and to continue it a considerable time.

Ipecacuanha and tartar emetic are sometimes useful agents especially when combined with opium or mercury. Expectorant medicines are not unfrequently called for, among the most useful &

these are squill, ipecac, senecaco,
If the above measures fail, we
should have recourse to iodide
of potassium. Blisters are often
indispensable, when used they should
be applied over a large surface
and in such a manner as to
keep up a continued irritation.
When abscesses form or suppura-
tion has taken place mercury should
be discontinued and some other
remedy substituted. Wild cherry
bark is a very good substitute, some
of the mineral acids, morphia
and sulphate of quinia are al-
so very useful.
If gangrene should occur, we
must endeavour to support the
system by the administration of
carbonate of ammonia, wine
whey, quinia &c. Benefit occasion-

-ally accrues from the use of cre-
asote in such cases.

The diet must be regulated accor-
ding to circumstances; it should
consist of vegetable aliments while
inflammatory symptoms are present,
and when symptoms of sup-
puration, abscess &c. ensue, it
must be more stimulating con-
sisting of such articles as milk
oysters and the lighter meats.

Inaugural Dissertation
on
Pneumonia.

Submitted for examination
to the
Board of Regents & Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Thomas Emmas Rice
of
Charles County, Maryland.

February 1852.

To the Faculty of the University of Maryland.

It being obligatory upon all candidates for graduation in your Institution to compose and write a Thesis on some subject connected with "Medical Science", I have chosen from the many subjects which present themselves for consideration Pneumonia, as a subject worthy from the frequency of its occurrence the attention and consideration not only of the Student, but of the Teacher of Medicine.

Feeling the importance of the task imposed, I submit the following imperfect dissertation to your consideration.

Pneumonia or

Inflammation of the substance of the lungs.

In this disease we ascertain its extent, its situation and its whole progress by auscultation & percussion.

All the symptoms which give us any information respecting the nature of the disease; the result to which it tends; or the remedies necessary for its scientific treatment spring out of the changes which are going on in the parenchyma of the lungs. These changes are recognized by auscultation and percussion.

Pneumonia may be divided into three different stages or conditions, first that of engorgement second that of red hepatization [illegible] that of gray or yellow hepatization. In the first stage that of engorgement the

substance of the lung is filled with bloody serum. It is of a dark red color, and does not crepitate when under pressure as much as sound lung does. It seems that there is more liquid than air in its cells; it is heavier than sound lung, but will still swim or float in water. If we apply our ear to the surface of the chest in this stage we hear a peculiar crepitant rattle, which resembles the crackling of a number of small [illegible] [illegible] by a lock of hair close to the ear, the latter is a better comparison than the former, for this crepitant rattle is a dry and not a moist sound. At first, that is when the engorgement is just commencing, this crepitation is heard mingled with the ordi-

-mary vesicular breathing. This, at first
obscures the natural sounds, but as
the inflammation progresses the
rattle also advances until at length
it entirely supersedes the natural
sounds. So long as we hear the nat-
ural vesicular murmur prevail
over the crepitation, we may know
that the inflammation is slight.
But when we find the latter has
entirely taken the place of the former,
we may know that the inflammation
is progressing and is passing from
the first to the second stage or that
of red hepatization. When this takes
place, that is in the second stage of the
[illegible] if we apply our ear to the affected
side of the chest over the consolidation, [illegible]
feel it raise up against our ear,
we hear no sound at all. Much

Oftener however we have an entirely new sound—a blowing or shrill sound like that produced by blowing through a quill. This is called bronchial respiration. If we listen to the voice now we hear at the same place an entirely different sound than that given by the voice on the healthy side. The tone of it is different it sounds like the voice of a person speaking through a tube. It is much more resonant than natural, much more so than in the corresponding spot on the other side. When we have this bronchophony we generally also have dullness on percussion; the degree in which this is present will depend much upon the circumstances of the case in which it occurs. If a portion of healthy lung, however small it may

be intervene between the inflamed parts and the walls of the chest there will still be resonance though it will not be entirely natural on percussion. We will also hear in the parts that are not diseased in this lung, or if inflammation should extend throughout the whole of this, in the healthy lung, puerile respiration. This is a very good sign that one lung or a part thereof is diseased and that the other part or the other lung as the case may be is endeavoring to compensate for such deficiency. This period in pneumonia when no sound but bronchial breathing is heard, is a very anxious one. For we can not tell whether the lung will gradually recover its natural state or whether it will progress

to the third stage, that of purulent infiltration or gray hepatization. The cause of the change in the color of the lung from red to gray or yellow in passing from the second to the third stage, is owing to the formation of pus. The lung after undergoing this change is a great deal more rotten than before and is generally of a sickening and offensive odor. Should the lung recover from the second stage instead of passing into the third we hear together with the bronchial respiration which alone we have been hearing slight crepitation at the end of each act of inspiration. Gradually this crepitus increases both in extent and degree, and as it increases the bronchial breathing and bronchial voice diminish until finally

there is often some bronchitis accompanying the pneumonia, the bronchial tubes being more or less affected.

We often have pneumonia coming on after other diseases apt to follow any disease which is weakening and febrile. It is then much more dangerous than if coming on in a previously healthy patient. In many cases also it is accompanied by other diseases, as intermittent or remittent fever, typhoid or typhus fever &c.

In giving the symptoms of pneumonia we must premise that the patient was previously in good health. We have failing of the appetite and strength, pain about the loins, hot spiritous running down the back, fever &c sometimes two or three days before the local symptoms come on. But some-

-times the chill and pain come on from the beginning. When the disease has set in, we have pain more or less severe in the breast, dyspnoea, cough, expectoration &c.

The pain is felt very much as in pleurisy; that is a little below and to the outside of the nipple. In the majority of cases, in the beginning the pain is sharp and lancinating, but afterwards it becomes dull and more regular. It is aggravated by cough; by a full inspiration; by a sudden change of the position of the patient; by pressing upon the ribs, or by percussion.

For the same reason the patient cannot lie on the painful side. Neither can he conveniently lie on the healthy side; because the healthy lung would

thereby be laboring under more pressure which would interfere with its action and cause more distress in breathing, consequently, the patient generally lies on his back. In pneumonia as in pleurisy, the seat of the disease is sometimes distant from the pain, the pain being as before stated almost always below and outside of the mammae. Many think that as the pain is often wanting in pneumonia there is, when we have much pain, accompanying pleurisy.

The next symptom after pain, in pneumonia is difficulty in breathing. Dyspnoea. The breathing is much shorter and quicker than in health. For in healthy adults, the number of respirations in a minute is from 16 to 22. whereas in pneumonia it is

increased to from 30 to 50 or even more.
Andral says that the shortness of breath is in direct proportion to the amount of inflammation. But the same degree of inflammation in one person might not cause as much dyspnoea as in another person owing to the difference in the capacity of the lungs in the two persons when in a state of health. The countenance is generally more or less affected by this dyspnoea the face sometimes becoming blue or purple. Inflammation of the upper lobe of the lung generally causes greater dyspnoea than does inflammation of the lower lobe. Sometimes this oppression is very slight at others or in other patients it is so great and distressing that the patient pushes every person from him that he may have free-

room to breathe: and regardless of every thing that is passing, seems wholly occupied in respiring. He is unable to lie down; his face becomes purple or livid and very anxious in expression; his nostrils are expanded; the respiratory movements are very short. From this condition but few patients ever recover. Delirium is apt to occur in this stage of the disease and is a very unfavorable symptom.

Cough is another symptom but it affords little or no information. It is short and broken, what we may call a suppressed cough. It is a constant symptom sometimes very slight, only an effort once and while at other times more severe. Less in old persons and children than in adults not so frequent [illegible]

distressing as in bronchitis and many other diseases. The expectoration of pneumonia is one of the most important symptoms—perhaps the most important in making out our diagnosis. When there is cough, the expectoration appears early—generally from the first to the fifth day, oftener within the first two or three days than otherwise. When well marked, it consists of a tawny, rust colored, thick—homogeneous mass, uniting in the vessel in which it is spit up, in a jelly-like consistency. The vessel may be shaken considerably in many cases without detaching the sputa from the sides or bottom. The rusty or bloody appearance is caused by the mixture of the coloring matter of the blood with the sputa. The

appearance of these sputa should be noticed with great care, for in many cases we see after the rusty color has disappeared for a while a return of it again, in which cases we should generally resort to our depletory remedies again, knowing by this reappearance that new adhesions or new inflammations have occured. Sometimes we have no such rusty sputa, but when we do see them we may know that there is pneumonia. Hence an absence of these rusty sputa is no convincing evidence that there is no pneumonia. In chronic cases there is generally no such sputa. When the pneumonia passes into gangrene which is a very rare occurrence, the expectoration is fe-

a greenish, or reddish, or dirty gray
color, and gives off a fetid odor
similar to that which results from
gangrene of any external part.
The next symptom to be noticed
is fever. No matter how slight
the pneumonia there is always more
or less fever, generally considerable. After the chill, in the commencement of the attack, we have
the fever to come on, which is apt
to last as long as does the pneumonia. There is more fever in
the evening and at night than in
the morning, the cheeks are then
flushed, particularly the one corresponding to the side in which
the inflammation of the lung
exists. The pulse is generally strong full hard and frequent. When

we find a feeble wiry quick pulse.
in this disease we may know that
the case is a severe one, but that
it does not admit of depletion.
The pulse is most frequently a hu-
-ndred or above, strong, full and
hard until it reaches about 120.
after that it is apt to grow weaker
then the prognosis is bad. that
is when the pulse is very frequent
say 140 or thereabouts.
Crepitant rattle of which I have
previously spoken, though appa-
rently of but little importance,
is a very important symptom in
aiding us to form our diagnosis,
for when we hear true crepita-
tion we may be certain that there
is pneumonia existing in our
patient. It often changes it

situation of some one side or an-
other. On percussing the above
we find on the affected side
considerable dullness, that is
after hepatization has taken pla-
-ce. This dullness is different
from that occasioned by pleu-
risy or by any other disease. It is
not so great as in some stages of
pleurisy but greater than in any
other disease. When the patient
coughs we hear if we apply our
ear to his chest the cough louder
and harsher over the affected si-
de than over the healthy side.
The same is the case when he talks
the voice is harsher and louder
over the diseased side of the chest.
Sometimes we find in pneu-
monia a regular [illegible]

abcess in the lung. but this is thought to be a very rare occurrence as rare perhaps as gangrene.
Pneumonia is for some reason which we know not, nearly twice as common on the right side as in the left, and it is more common too at the bottom of the lung and behind. Now these facts are of great importance and a good guide by which we may form our diagnosis, as to whether a patient is laboring under pneumonia or tubercular disease, that is, they will often assist us in forming our opinion respecting the two diseases. For phthisis is more common on the left side and in the upper part of the lung. Pneumonia

in the upper lobe of the lung is
said by many to be more fatal than
when in the lower lobe but this has
never yet been proved and it is con-
sequently questionable. The duration
of the disease is generally from
one to two weeks sometimes less
sometimes more than that. It is
seen in all climates though mo-
re common in Temperate than in
Torrid or Frigid climates. It is
differently prevalent at different
seasons of the year. Occurring often-
er in the spring say February
March and April than at any other
season. The cause of its being more
prevalent at this time may perhaps
be owing to the thawing process which
is then going on keeping the ground
moist or wet almost all the time.

or to the frequent changes in the weather this season, whilst persons being less careful about changing their clothing with the changes of the weather are more liable to take cold and consequently more liable to have an attack of pneumonia.

The prognosis is favorable. Persons previously in good robust health in consequence of being more able to bear full antiphlogistic treatment are much more apt to get well. One of the circumstances by which we may form our prognosis is the extent of the inflammation. The more extensive the disease the more unfavorable the prognosis. Pregnant women or women in child bed are bad subjects for this or any other acute

disease. The fatality is about a third greater in women than in men in the same number of cases on account of their constitution being weaker though more being more exposed, are more liable to be attacked by pneumonia. The age of the patient makes a great difference in the prognosis, the mortality increasing towards the extremes of life, whether in very young or very old persons. In persons of from 15 to 30 or 35 years of age the fatality is less than either before or after that time. After the age of about 40 years the fatality rapidly increases as the age of the patient advances, and in very old persons it is an extremely dangerous disease.

The prognosis is more favorable the sooner the patient comes under judicious treatment.

The great treatment which we should employ in inflammation of the lungs is the same as in inflammation of any other organ, namely bloodletting, tartarized Antimony and mercury. Of these agents I shall first consider blood letting.

Both reason and experience teach us that bleeding is especially beneficial in any acute disease, and consequently it is an important agent in the treatment of pneumonia. It acts in two ways, first by reducing or cutting short the inflammation and secondly by relieving the function of the lungs by which the dyspnoea is in a mea-

~~cause~~ relieved and the tendency to the effusion of lymph lessen-ed. When we bleed therefore in pneumonia, we do all in our power to lessen the exercise of the lung and to prevent the progress of the inflammation from that cause. The abstraction of blood will be beneficial in direct pro-portion to its early employment; hence the importance of seeing our patients early and forming a cor-rect diagnosis. In many cases the disease may be entirely str-angulated and the patient cured by a free and timely use of the lancet. We should set the patient up open a large orifice and let the blood flow in a full stream; the blood should be allowed

to flow until a decided impres-
-sion is made on the system, until
the pulse becomes softer and less
frequent and until the dyspnoea is
relieved or we have indications of
syncope. The quantity of blood to be
taken varies of course in differ-
-ent cases. But all men will ~~we~~
admit of general bleeding we shou-
-ld therefore decide in each individu-
-al case whether or not bleeding be
indicated and if so, whether general
or local bleeding should be resort-
-ed to. We should not say that if
pneumonia has existed a certain
number of days we must bleed, and
if it has existed a certain other
number of days we must not bleed,
but should bleed when the case
requires it whether of long or short

standing. If the lung has only undergone engorgement, then will bleeding certainly shorten the disease, and if red hepatization has taken place in part of the lung, an other part may only be engorged, in which case bleeding would be very useful; but even if red hepatization has taken place throughout the whole of the lung we often benefit our patient by blood letting, for although it will not then shorten the case, it will often relieve the patient much and make the case less severe. If we resort to local blood letting, cupping is better than leeching; with cups we can draw the blood more rapidly and the patient will generally prefer their

use to that of leeches. We should apply the cups as near the pain as possible either in front or behind. There is one objection however to local bleeding, that is the necessity in some degree of exposing the patient by which the disease may be aggravated. We should use other antiphlogistic means in combination with blood letting. Tartarized antimony is very useful for this combination. In giving tartar emetic it is better to begin with small doses, begin with an eighth of a grain then increase to a fourth, then to a half and finally if necessary increase up to two grains, though is is rarely necessary to give so large a dose. If the tartar vomit the patient

too much combine with it a little hydrocyanic acid or tincture of opium or paregoric, after awhile we can discontinue these, and give the tartar emetic alone again without any nauseating or purging effect; the stomach having become able to tolerate the medicine. A very good combination for pneumonia is tartarized Antimony gr iv Gumarabic solution ℥iv Laudanum ℥j of which give a tablespoonful every two hours or half that quantity every hour. In cases of debility in pneumonia, where the patient is evidently prostrated, as in typhoid pneumonia or in any case where stimulants are wanting we may give in combination with our

antimony and Ammonia. The Ammonia to build up and strengthen our patient and the last antimony to assist in overcoming the disease. If from irritation of the stomach or bowels, or from any other cause we can not use tartar emetic then we can use in its place Calomel and Opium. Or if the inflammation has reached the second stage, then a combination of Calomel and Opium is thought by many to be better than antimony. The [illegible] ing mercury in this way is to effect the absorption of the lymph already effused and to prevent further effusion in the lungs. This is [illegible] well by pushing [illegible] only so far as to make a slight

impression on the gums, to make them a little sore, as it would be by producing full ptyalism.

It is better to bring the patient under the influence of the mercury as soon as possible. Small doses of calomel given at short intervals, say a grain every hour or two grains every two hours combined if necessary with enough opium to prevent it from passing off too soon, is the surest way of producing the desired effect. If the bowels are too much moved by this combination of calomel & opium we may substitute for the calomel blue Mass or hydrargyrum cum creta. Sometimes we find a good combination in calomel opium & tartar emetic of the last

an eighth or a fourth of a grain.
Some practitioners employ calomel and opium from the very commencement of the disease, but this is rather objectionable for in many cases we might salivate our patients then we would be obliged to stop the mercury and the patient would not be in a fit condition to put on antimony. Moreover if the patient have any tubercular disease the mercurial treatment will hasten the formation of the tubercles and cause the disease to progress more rapidly than it otherwise would do.
Expectorants are also sometimes used with considerable advantage for this purpose we have a good

combination in the following
Squill grij tart emet gr ⅛ opium gr ⅛
given in form of pill. In treat
-ing pneumonia we should take
care in all cases that our pa-
-tient be not costive keep his
bowels slightly open, but not pur-
-ge him freely; for purging will
interfere with our treatment wheth
-er it be Antimony or Calomel
and opium. The patient must
be kept in a well ventilated room.
The temperature should be about
70° keep him from talking
be particular about his diet
let it be light But if the pa-
-tient has been a habitual
hard drinker we should still
give him some stimulant
even if we are using antiphlo-

-gistic treatment we must still give him brandy to keep off delirium tremens.

These are the principals in treating pneumonia, yet we should treat this and all other diseases according to the indications in each individual case, and not blindly treat all cases of pneumonia alike, simply because they are pneumonia.

Thos. Price.

An Inaugural Dissertation

On.

Anaesthetics.

Submitted to the examination

of the

Provosts, Regents, and Faculty

of Physic,

Of the University of Maryland

For the

Degree of Doctor of Medicine.

by

Robert H. Goldsmith.

Balto. Md.

Dedicated to the Faculty of the University of Maryland, as a slight token of the author's gratitude for their great kindness.

R. J. B. Goldsmith.

Feby. 14th. 1832.

Gentlemen,

In compliance with the statutes and decrees of the University of Maryland, the author presents for your kind consideration, the following pages. Devoted, as they are, to the consideration of a highly interesting subject, the details or at least, the subject itself, will render it ~~highly interesting~~ worthy of perusal. It is to the consideration of those great agents, the anaesthetics, their mode of administration, some of the particular cases in which they have been applied and their chemical composition, that I propose to devote these pages.

Anaesthetics, as the name denotes, signifies, agents which will produce insensibility to pain. Their recent introduction into the practice of Medicine,

Surgery and Obstetrics, has excited throughout the entire world a truly extraordinary interest. Many and varied are the dissertations written on this topic, so much so indeed, that the professions, at present, are perfectly well acquainted with the nature and effects of these agents. The fact was long since established, that certain ethereal vapors, when inhaled, produce insensibility to pain, and place the person laboring under its effects, in a state of dreamy torpidity. For instance, some of the older surgeons, in default of anesthetics, made their patients swallow brandy and laudanum. We, improving on their suggestions, have at length succeeded in perfecting their indé ideas and moulding therefrom the discovery of the Æthers.

These new, scientific revelations have met with the warmest and most cordial support of the free and liberal minds of the profession. But the great question which divided (and still, in a measure divides) the medical world, is: 1st. Is the danger of applying anaesthetic agents so inconsiderable as to justify their employment in all cases where it is desirable to prevent the pain engendered by a surgical operation? Or in other words does the danger counterbalance the benefit?

With, by far, the larger and more intelligent part of the Medical community, I can exclaim no, emphatically no. Nay, more, the dangers of etherization are so inconsiderable that I would not hesitate, if a patient desired it, to administer it when performing the most simple

peration. Not only does the benefit ~~counteract~~ equalize the
vil, but far outstrips it. For instance, in all
tensive operations, where life is endangered, where
ife there is a liability to great nervous shock,
e an aesthetics act with a truly magical effect.
he surgeon plunges his knife unheeded into
e most highly sensitive parts; the obstetrician
atches with tranquility the throes of his
herized patient. Besides in addition to what
e have said, we may adduce the fact, that not
ne single accident worthy of credence, in which
fair and unprejudiced statement of facts
as made, has been reported to the profession
n immense mass of testimony with regard to this
bject has been gradually accumulating both
t home and abroad, and thanks to these facts
ublic opinion is assuming a different basis.

perhaps those who differ most widely on this subject
are, I suppose, honest and sincere in their views
and opposition, and desirous, no doubt, for the
triumph and promulgation of truth. But we must
weigh every man according to his deeds.

As to the origin of the application of these mighty
anodynes, it is a source of unbounded pleasure
and gratification to know that the world is
indebted to one of America's talented sons,
for this noble tribute to suffering humanity.
As I have already said, the idea that pain could
be annulled by the inhalation of gas, was men-
tioned. Dr Humphrey Davy proposed nitrous
oxide gas and still later, a Northern doctor,
of Connecticut, I believe, proposed the same
expedient. But they were only partially suc-

assful. But in the year 1846, an experiment, both highly successful and gratifying was performed by Mr Morton a dentist of Boston. The case was as follows; a patient presented himself to have a tooth extracted and was made to inhale sulphuric ether. In a short time he passed into a state of total unconsciousness, somewhat similar to coma. Whilst in this state a tooth was extracted without the slightest indications of sensation on his part. No unpleasant effects followed and the idea that pain could be overcome was made ~~gradually~~ gloriously triumphant. Succeeding experiments verified the first bold achievement and the fact was considered proved.

The first gentlemen who applied the ethers, imagined that very complicated apparatus and numberless

apparatus
instruments, in the form of exhalants were ~~too~~ necessary
in order to procure the specific effects of these
agents. But they have all dwindled away and
are now merged in a simple piece of old
muslin. We administer the ether in the following
manner; place the patient in the position, in
which we wish to operate, and having poured
the ether on the rag or old linen hand-
kerchief, folded in a conical form, apply it
to the patient's mouth and nostrils. We
must, however, vary its application, allowing
the patient to inhale air and ether alter-
nately. The duration of the application will
vary with the effects produced. If we produce
stertorous breathing, ~~[illegible]~~ slow and weak pulse and the
usual symptoms of approaching depression,
we must immediately discontinue its use.

A short detail of the various substances employed will not be out of place. We have in the first place the agent employed by Davy, Nitrous oxide gas. Its pain-annulling properties are disproportionate to its exhilarating effects. The patient, in general, resembles a man under the influence of spirituous liquors. It should be very pure if we wish to procure a favorable effect and instead of inhaling it from a small bag, it would be better to have a large gasometer. Though milky, it is highly safe and agreeable remedy. Thirty quarts have been inhaled. The effects on the system in general, are those of a stimulant. At present this gas is used merely for pleasant experiments. Aldehyde, nitrate of ethyle, the vapor of Benzoin and some others have been used, but chloroform and sulphuric ether

possessing all the good effects and none of the imperfections of those agents, have entirely superseded them. Chloroform is much more potent than sulphuric ether, but as one case of death by chloroform has been reported, some prefer the ether. The insensible state continues a greater length of time under the use of chloroform and the secondary effects are also much more disagreeable than those of ether. Chloroform produces giddiness, nausea, vomiting, ~~and~~ head-ache and violent ringing in the ears. Ether, steals the senses away as it were, and wraps the patient in a delightful slumber. But the advocates of chloroform, say that its effects are more rapid, its action more intense and in fine, that there is less vascular, muscular and intellectual excitement. That is a word, the

patient, instead of passing through the various stages of etherization, is plunged, as it were, into immediate insensibility. The effects of chloroform being produced in about thirty seconds, whilst ether requires four or five minutes. The quantity is also greater in ether, nearly a drachm being required, whilst of chloroform, which is equivalent to about four ounces of ether. The odour and taste of chloroform are also more pleasant. These are some of the advantages claimed for chloroform. We can obviate the difficulty with regard to the odour of ether, by using a simple inhaler. And, at present, it is considered a matter of taste with regard to the use of either. The patient is considered fully under its influence, when there is snoring inspiration, relaxation of the muscular system,

acceleration of the pulse before complete narcotism supervenes, Contracted pupil and complete insensibility. There are sometimes convulsions, continued headache, vertigo and prolonged insensibility.

Surgery, Midwifery and in some Medical cases have claimed the assistance of this powerful auxiliary. At present, we administer the anaesthetics in almost every operation. The first surgical case in which this agent was employed is a very interesting one. The case was a tumor of tortuous dilated veins, situated on the left side of the neck, extending from the surface to the lower portion of the tongue. The operation was performed by Dr. Warren physician in charge of the Massachusetts General Hospital. He relates it in the following words "The patient was arranged for the operation in a sitting posture,

nd everything made ready; but Dr. Morton did not
ppear for the lapse of half an hour. I was about to
noceed when he entered hastily, excused the delay
hich had been occasioned by his modifying the
pparatus. The patient was then made to inhale
fluid from a tube connected with a glass globe.
fter four or five minutes he appeared to be asleep,
nd was thought by Dr. Morton to be in a condition
for the operation. I made an incision two or
ree inches long, in the direction of the tumor, and
t my great surprise without any starting, crying
ut, or any other indication of pain. The fascia
as then divided, the skin appearing wholly insensible.
en followed the insulation of the veins, during which
e began to move his limbs, cry out and utter extraordi-
ary expressions. These phenomena led to a doubt of
the success of the application; and, in truth, I

was not satisfied myself, until I had, soon after the operation, and on various other occasions, asked the question, whether he suffered pain? To this he always replied in the negative; adding, however, that he knew of the operation; and comparing the stroke of the knife to that of a blunt instrument passed roughly across the neck."

This was the first essay in surgery and from this operation its fame was established. Each succeeding experiment was a new laurel added to the already brilliant crown so triumphantly won. The fact was fixed and truth prevailed. And with regard to the dangers, in a report of 1400 cases it has positively been ascertained, that not only has there been no accident in all cases, but that the patient was [illegible]. If any accident should supervene we would

treat the patient in the following manner. Allow the patient to have plenty of fresh air, cold water dashed in the face or injected into the ears aids in arousing the patient from the profound state of narcotism, galvanism also, has been used and applied to the precordial region, and some recommend rest in the recumbent posture, others that patient be compelled to take active exercise. If the patient is able to swallow give him tea or coffee. These together with ammoniacal inhalations constitute the antidotes to the accidents that have yet to happen, in the administration of the others.

Anaesthetics met with comparatively little opposition in surgery, but in Midwifery a torrent of invectives was poured on their devoted head. Every trial of with that could possibly be discovered was designed

of its contents. The sacred scriptures, according to the doctrine of the opponents of anaesthetics, denounced the agent, for it was said to woman "in pain and labor shalt thou bring forth." They also object to its administration on the ground that it is a physiological, and a natural process, and therefore the incidental pain should be endured. These objections are mere absurdities, for, if such were the rule, two thirds of those bearing child would soon be consigned to earth. Because, if we act on this principle we could not administer a dose of ergot, to promote the expulsive power of an atonic uterus, nor give antimony or use blood letting to relax its fibres. These objections, then, are supremely absurd, as our highest aim and noblest end is the relief of the pains and ills that man is heir to. Viewing the subject in this

ight, let us consider the peculiar conditions which
all for the use of chloroform in midwifery.
Patients of a delicate organization who would
themwise have suffered agonizing torture and who, perhaps,
ould never have recovered from the depression attendant thereon upon painful
regnancy, have been signally relieved by the
mployment of these agents. These agents
ven in the smallest quantities produce a
peries of numbness or semi-insensibility, that
ffectually relieves that feeling of fear and
pprehension which is so often detrimental to
afe delivery of the parturient female. Another
dvantage is, that this state can be kept up
or an indefinite period without any fear of
vident. These agents also produce relaxation of
he soft parts and atonicas and increased secretion

of nerves. And in addition to all these good effects, it has believed to produce expulsive efforts - Whenever instruments are to be employed, it would be well to adjust the instruments in the manner in which we intend to have them placed, and then place the patient under the influence of chloroform - But this a doubtful point, one on which there has been considerable debate - and the question of using the ethers when instruments are employed in childbed, is one to be decided by the medical world -

In medicine, sulphuric ether has been employed to relieve the intolerable pain occasioned by the passage of gall - stones. It has been successful in a most eminent degree and anyone who will use it in these cases will immor-

talize himself-

And in conclusion allow me to state the constituents of the ethers and my object is accomplished -

1st Nitrous oxide gas. The best method of preparing this gas, is by means of nitrate of ammonia. This salt is introduced into a retort and heated to about 500°. The products of this operation are water and protoxide of nitrogen. The following formula explains the process $NO_5, NH_3 = 2NO + 3H_2O$.

2d Sulphuric ether prepared by distilling a mixture of sulphuric acid and alcohol, or by distilling alcohol with chloride of Zinc. The first is the best method - A series of changes take place in the production of this ether, two complicated of which are here mentioned -

Thirdly and finally, a few words with regard to chloroform - This is but another form of ether, producing more violent effects -

In conclusion, gentlemen, accept my ~~warmest~~ ~~ikes~~ thanks, for the uniform urbanity and kindness which I have received during my sojourn in the University. The days I have spent with my second Alma Mater, will long be remembered by me, as the brightest moments of my life -

The End -

A

Clinical Report,

of

Cases of Typhoid Fever,

Submitted to the Examination

of the

Provost, Regents and Faculty of Physic

of the

University of Maryland.

For the Degree of

Doctor of Medicine

By

James Scull

of

Ohio.

Baltimore

1852.

Introduction

In submitting the following report of Cases of Typhoid fever, I would make a few prefatory remarks giving my reasons for preferring such report—the result of my own observations—to writing an Essay.

The mere fact that there is not a subject connected with the science of Medicine that has had many and abler [illegible] upon it, [illegible] [illegible] one from such vain task;—but [illegible] another and [illegible] [illegible] [illegible] anything an [illegible] [illegible] position. Among the earliest of my Medical reading was Watson's Practice of Physic; a book that contains more practical hints to the Student and Practitioner, than any other in the [illegible] [illegible] which I [illegible] [illegible] [illegible] commencement of the Study of Medicine, and the [illegible] in [illegible] [illegible] [illegible]

[illegible] were strongly impressed upon my mind, and to acquire "skill in observing" as well as a knowledge of the general truths and doctrines of the science, became, thenceforth, my wish and object. — I would wish to learn the practice as well as the [illegible] of [illegible].

We have in our profession instances of those who have written most able treatises on different diseases, and who if taken to the bed-side, would not be able to discriminate between the phenomena of one disease and another.

How may the student acquire this art, which I have mentioned as so necessary and desirable? By the careful education of his senses, by the bed-side of the sick. The satisfactory manner in which we may now discriminate between diseases that were once confounded, is the result of careful, systematic, and well-directed observation

The cases which I have submitted are selected from a number I had the opportunity to observe, during the prevalence of typhoid fever, as an epidemic, in Tuscarawas County, Ohio.

There were several facts, which I made myself acquainted with, which it may not be improper to mention - as they have a connection with the subject that I [illegible]

For several weeks [illegible] set of the disease, there had been [illegible] absence of rain with a mean monthly temperature - from observations made during the day - much greater than [illegible] is at places of the same [illegible] temperature of the months of August and September was about 80 degrees. The latitude is 40 degrees and 30 minutes. This change of climate [illegible] vegetation, and [illegible] of disease among the lower orders of an-

imals. The different malarious fevers, which usually prevail here, during this season of the year, had not yet made their appearance; nor do I recollect the occurrence of a single case of our common, endemic fevers, during the months in which the typhoid fever was prevailing. V[illegible] this alone the case in our [illegible] district, the same condition of things prevailed in the adjoining counties of Stark, Coshocton and Wayne.

The section of country, in which the typhoid fever was particularly prevalent is remarkable for the following circumstances. There is a broad tract of low marshy land running the whole length of the County, bounded on one side by a wide stretch of upland called the "glades" — on the other by hills and ridges. The soil of the bottom is alluvial — of the uplands [illegible] the hills are made up almost entirely of

While free-stone. Through this valley the Tuscarawas finds its way-having its source in the north of the State - and is joined here by Sugar Creek, a deep sluggish and muddy stream. The Ohio Canal, which has been made to follow the course of the Tuscarawas, has at this point long levels of foul and stagnant water. Such a combination of circumstances tend to make this a thoroughly malarious locality

Although there was an absence of [illegible] and [illegible] fevers, during the prevalence of the epidemic, there was manifestly a malarious influence present - shown by the periodical exacerbations of the symptoms and the controlling power of antiperiodics

The notes, from which this report was copied, were written by the bed side and [illegible] have not used systematic terms in describing the phenomena [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
ed to visit C. F. D., a young farmer living in
the edge of town. I accompanied him and
when we arrived at the house, received the
following account of his case from his
friends:— The young man had the man-
agement of the affairs of his father, who
was a wealthy farmer; and had been en-
gaged, for nearly two months [illegible]
the crops from several farms. Within
the last ten or twelve days he had been
bringing wheat, from a farm nine miles
distant, to the barns at home. During
that time he had complained much
of head-ache. Such employments would,
of course, keep him exposed to the influ-
ence of the sun.—

We found the patient [illegible]
ed and dry skin; flushed face; quick,
frequent, and hard pulse; tongue cov-

ered with white fur; bowels constipated; 7
head-ache, with a sense of constriction a-
cross the forehead; excessive thirst. Patient
did not recollect having had a chill.
Attempted to bleed from the arm [illegible]
fainted before he had lost half pint of
blood. Then tried to bleed while he was
lying down; but with no better suc-
cess. After he had recovered a little,
took several cups from the temples,
which afforded much relief. Dis[illegible]
to take a purgative consisting of:
[illegible]
[illegible]
and a tablespoonful of Neutral Mixture
every two hours.

Sept: 5th Patient had passed a [illegible]
[illegible] purgative [illegible]
[illegible]. His pulse is 0.10, hard and angry; skin
not [illegible] dry, flushed [illegible], eyes [illegible]
[illegible] swollen [illegible]

of teeth upon the edges; [illegible] [illegible]
fully sensitive to light and sound; [illegible]
ned headache; dryness; mouth and fauces;
dry cough with scarcely any expectoration;
nausea with some vomiting; no tenderness
in the epigastric region; quickened respiration
with bronchial rale. Was directed to be
kept perfectly quiet; to have his room well
ventilated and darkened, and no unnec-
essary noise allowed in it; take a wine-
glassful of infusion of [illegible] every second
hour till bowels are moved; to have a
hot foot bath; cold application to head; [illegible]
nine neutral mixture.

Sept 6th was passed a sleepless night;
bowels have been moved freely; [illegible]
full and hard, [illegible]
flushed though not so much as yester-
day; tongue covered with whitish fur on
edges, [illegible]
dry; urine scant and high colored; eyes

injected; headache; cough; slight expectoration of frothy mucus; less dryness of mouth and fauces; tightness across the Chest. Was directed to continue the Neutral Mixture; and take the following pill, every three hours: Pil: Hydr:, Pulv: Rhei, āā gri

Sept: 7th. Has passed a night of disquiet and restlessness. Pulse [illegible] and tense; skin hot, dry, and pungent; tongue nearly covered with white [illegible] in center has nearly disappeared; face flushed; eyes suffused; increased headache; [illegible] urinum [illegible] colored; stools frequent, [illegible] and watery; vivacity in conversation; considerable uneasiness. Was ordered a pill every three hours to consist of; [illegible] āā gri [illegible] [illegible] only to be frequently sponged; [illegible] applications to head; [illegible] infused

Sept: 8th Symptoms same as yesterday 10
with, occasional delirium; pain in left
side; and cough. Same treatment continued

Sept 9th Pulse frequent full and hard;
throbbing of the temporal arteries [illegible]
covered with dark fur - lip and sides red;
surface of lower extremities hot dry and pungent;
while the whole of the upper part of the body
is bathed in a [illegible] [illegible]
stand in drops like beads; head very hot;
urine scant and high colored - deposits flo-
culent masses on standing; [illegible]
[illegible] elicited by pressure over carcal region;
[illegible] - Copper [illegible]
[illegible]; blister [illegible]
[illegible] remainder [illegible]
[illegible]

Sept: 10th. Symptoms about the same;
[illegible] [illegible]
[illegible] [illegible]
[illegible]; directed to take a hydrargyrum cathartic,

consisting of - Pulv. Jalap. gr. [illegible] Potass. [illegible] 11
Pills discontinued; [illegible] applications [illegible]
continued.

Sept. 11th. Pulse quick and small;
surface [illegible] yesterday; [illegible]
with [illegible] dark dry crash through [illegible]
and sides and tip dry and raw looking;
low muttering delirium; has had [illegible]
[illegible] discharges from bowels; [illegible]
spots have disappeared; [illegible]
Directed to have beef tea and wine, if they
agree; body to be sponged occasionally; [illegible]
quiet enjoined.

Sept. 12th. [illegible]
ing fast; [illegible]
[illegible]
this still covered [illegible]
[illegible] and Carb. ammon., every three hours;
blister between ears; hot bricks to feet.

Sept. 13th. Patient in profound coma,
[illegible]

The autopsy presented [illegible] pathological alterations:— [illegible] and, and of a violet red color. Blood fluid. The [illegible] were filled [illegible] and mucus [illegible] with red; large patches of redened mucous membrane; Peyer's glands were thickened red and softened. On examining the brain, its substance was found highly vascular, and, to some extent, softened. The vesicles were filled with serous fluid, and the membranes were thickened in [illegible] places.

1837 Aug: 8th. Dr S. received a call from the country, to visit C. H., a German girl, aged about 22 years. I accompanied him, as the road was bad; and through the woods obliging us to walk a great part of the way, and his duties were already so onerous, that he had determined to leave the case with me. We found the patient with a quick frequent pulse, hot dry skin, and a flushed face. Considerable disorder of the nervous system evinced by diminished intelligence, stupor, and complaining of excessive pain in [illegible] aroused; much weakened by incessant calls to stool; tongue covered with dark [illegible]-red and dry at tip and edges; tympanitis; gurgling in the [illegible]

The following is the history of her case [illegible] Ten days ago [illegible] home from town, where she had been

working as a servant girl. First day after 14
coming home had gone several miles to
pick black berries. Next day had headache
with pain in limbs, towards evening a
distinct chill, and violent fever through
the night. On the 1st of Aug called in a
[illegible] [illegible], who purged her
[illegible] [illegible] [illegible] [illegible]
[illegible] time had been growing worse. She
informed us that her fever was worse ev-
ery other day.

On further examination, found
urine scant and high colored; stools bright
yellow colored, and [illegible]; spark
dark and tenacious; slight cough, and
a whistling [illegible] [illegible] [illegible]
[illegible]. Directed [illegible] [illegible]
to be followed, after [illegible], [illegible]
[illegible] [illegible] [illegible], [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

9th. [illegible] 15

pulse quick small and feeble; tongue red and raw looking - protruded with difficulty and with a tremulous motion; mouth and fauces dry; sordes [illegible] the teeth; lips dry and cracked; urgent thirst; tympanites; [illegible] symptoms [illegible] same as yesterday. During the night [illegible] was informed, the patient had hemorrhage from the bowels - the first discharge [illegible] three [illegible] since that the stools have contained [illegible] of blood. Directed her to have [illegible] frequently, upon abdomen; to be [illegible] to drink [illegible] a [illegible] of the following [illegible]

Citrate Potass: ʒij Tart: Emet: gr i Aqua ʒvj;

four of [illegible]

the [illegible] be discontinued at night if hem- 10
orrhage has ceased; [illegible] Pt. [illegible].
If there is not too much febrile excitement and
pain in head, [illegible]
to be given at night.

10th No hemorrhage since yesterday
morning; patient rested better during the night
than she had for several days, less pain in
abdomen; other symptoms about the same
as yesterday. Same treatment continued.

11th Patient had a high fever yester-
day evening; had not rested well during
the night; after midnight had a profuse
sweat. Since then had felt better, pulse
this morning, softer and not [illegible], [illegible]
[illegible] the teeth [illegible] dry [illegible]. Tongue
[illegible] with difficulty [illegible] with
a dark coat; thoracic symptoms [illegible] as yes-
terday; abdominal symptoms mitigated.
The family were poor and had but one
[illegible] below stairs, where there were two

beds and a stove. Advised the family 17
to sleep above stairs, [illegible]
in the room, and to keep the floor
sprinkled with water. The remainder
of the treatment same as before

12th Patient has enjoyed a good night's
rest; surface hot, but not sandy; not so
much headache as heretofore; tongue dark
and crossed by cracks; pulse quick and
small; stools not so frequent; urine
scant and high colored. Advised the
same treatment.

13th Has not slept well; had
high fever yesterday evening; a bit
less and [illegible] this morning; pulse
small, quick, and frequent; tongue
dry, dark, and crossed by cracks, the
symptoms the same. Directed as [illegible]
[illegible] discontinued, [illegible]
[illegible] and the [illegible]

14th. Pulse [illegible] and [illegible]; 16 [illegible] surface not so dry and pungent; some [illegible] of the muscles; [illegible] is dark and dry; no complaint of headache [illegible] bowels; [illegible] [illegible] and [illegible] continued; [illegible].

15th. Had fever last evening; but is quite comfortable this morning; pulse 90, softer, and better volume than heretofore; tongue moister, not so dark, and shows signs of cleaning off on tips and edges; no complaint of distress in abdomen; [illegible] natural. Solution continued; three [illegible] of [illegible] Quinine [illegible] powders, to be given, one in the evening, [illegible] [illegible] which the patient [illegible] [illegible] grains [illegible].

Case Third

Aug 7th, 1857 Went with Dr. [illegible] to see G. B. a young merchant, aged about 35. The following was the history of his case, as obtained from his wife:

Could not tell precisely the beginning of his sickness. For several days had remained at home a great part of the time, that he usually devoted to his business, seemed reluctant to exert himself, and appeared listless and tired. His bowels have been irregular; the last two days has had diarrhea, pain in different parts of the body, and chills alternating with heat. Today has frequent quick and firm pulse; hot and dry skin; headache; dull and listless expression of face; tongue covered with a whitish fur; distress in abdomen; respiration hurried. Was bled from arm and directed to have a cathartic of

calomel, to be followed in six hours by 21
a drachm of castor oil; Sol: Cit: Pot:,
a tablespoonful every two hours.

5th Pulse 110, firm; skin hot
and dry; violent headache; throbbing of
the temporal arteries; respiration
hurried; abdominal symptoms the same
Directed to have part of hair cut off;
six cups from temples; body to be
frequently sponged with cold water;
to be allowed to drink freely of cold
water; Sol: Cit: Pot:; table spoonful
of chalk mixture after each stool

6th About the same as yester-
day. Same treatment.

7th Growing worse; frequent
delirium; tongue darker and dryer
along the center; burning thirst.
Directed to have ice to head; treat-
of yesterday continued

8th Considerable delirium;

skin hot, dry, and pungent; pulse 22
112; respiration hurried and difficult;
tongue covered with a yellow coat,
dark track along its center; gurgling
over iliac region; urine scant and
high colored. Treatment continued

9th Wild delirium; pulse
small, quick, and frequent; skin hot
dry and pungent; face of a dusky
hue; eyes suffused; symptoms from
the respiratory apparatus the same;
distension of the abdomen. Continued
treatment, omitting chalk mixture

10th Coma vigil; pulse small
and frequent; clammy sweat on sur-
face; tongue dark and dry, much dis-
tension of abdomen, directed to have
wine-soup and beef tea, if pulse and
surface improve under it.

11th Growing worse; does not speak
except when aroused; a clammy

sweat bathes his entire body.

12th Sighs continually; body bathed in a clammy sweat, sank into profound coma and died at 6 P.M.

This case bore a very close resemblance to typhus fever, as I have seen it prevail in the wards of the Army hospitals; yet, on examination, the peculiar lesion of the small intestines, thickening of the mesenteric glands, and presence of mucous and bilious matters, showed that its diagnosis as typhoid fever had been correct.

Septr 7th 1831. [illegible] man aged about 70, [illegible] of the [illegible] man mentioned in the first case, who had been [illegible] about a week, and [illegible] the last [illegible] hours. He had very little acceleration of pulse; heat of surface very little above the natural standard; much complaint of a feeling of languor; no appetite; had taken very little nourishment for several days; has had considerable headache; troubled with diarrhea the last 36 hours. Directed to take, Calomel gr viij with Dover's Powder gr v; to be followed next morning by two drachms of Castor oil

28th About the same. Was ordered Hydrg cum Cretâ gr v [illegible] during day in mucilage of gum [illegible]; [illegible]

29th Symptoms about the same. 25

Treatment continued

30th Patiently evidently no better; pulse about the same; cough with slight expectoration of mucus; occasional headache; tongue covered with a yellowish coat; distension of abdomen; gurgling over caecal region; diarrhea; stools dark brown and watery. Was directed: Hydry cum creta gr. v. thrice daily. Diet, bread and milk

Oct. 1st About the same. Treatment the same

Oct. 2nd About the same. Indeed, for several days there was no very perceptible increase in the intensity of his symptoms; yet he was evidently growing worse. There was nothing to indicate the existence of any [illegible] degree of [illegible], were the patient young, yet, his age, [illegible]

of time he has been without proper 26
nourishment, and his progressive
weakness, justify some anxiety as
to the event of the disease

Oct. 10th. Pulse small, quick, and
weak; surface hot and pungent; low
muttering delirium; tongue dry, brown,
and cracked; sordes about the teeth;
much distension of abdomen; dys-
phagia; a few rose colored spots on breast;
slips down in bed; continued and
wasting diarrhea; stools contain dark
uncoagulated blood; subsultus tendi-
dinum; directed tonic and stim-
ulant of: Quiniae Sulph. gr. iij, Camphor
gr. v, Ammoniae Carb. gr. v, every fourth
hour. Beef-tea and milk punch

Oct. 11th. No bed in [illegible] con-
tinued.

Oct. 12th. Pulse better vol-
ume and not so quick; less delirium,

other symptoms about the same. Con[illegible]

tinued treatment.

Oct 13th Growing worse; cold-

ness of the extremities; involuntary

stools; flexion of muscles of extrem-

ities; skin cold, clammy, and shri-

veled. Directed sinapisms to ank-

les and wrists; brandy [illegible]

Oct: 14th Died at 6 A.M.

Case [illegible]

Aug 29th 1851 [illegible]

[illegible], I answered a call for him, to

[illegible] [illegible] [illegible]

[illegible] [illegible] [illegible]

[illegible] [illegible] [illegible]

assisted in nursing her child, which

was fourteen months old, although

[illegible] not [illegible]. She had, when I saw

her, a high fever; violent headache

[illegible] respiration; tongue covered

with a [illegible] [illegible] [illegible]

Had complained of soreness and weakness in limbs for several days past: bowels had been irregular, directed to be cupped on back of neck; to have an aperient of two drachms of castor oil; a tablespoonful of sol: cit: potassa and tart: emetic with a small portion of sweet spirit of nitre, every second hour; hot foot bath.

23rd. Went with the doctor to the house of the patient. She had passed a sleepless night: rest [illegible] ing; pulse small [illegible] ible; surface hot and dry; slight mitigation of symptoms of the nervous system. Was directed a pill of [illegible] grif Pulv: Ipecac gri every third hour during the day; solution of citrate of potassa and [illegible] small portion of sweet spi[illegible] nitre every second hour

Aug 24th Patient about the same 29
Treatment continued.

Aug 25th Pulse quick, small, and compressible; violent headache; diarrhea; tongue covered with yellowish fur; skin hot and dry; dryness of mouth and fauces. Directed ice to head; milk mixture; other treatment, same as yesterday.

26th About the same. Continued treatment.

27th Less headache; other symptoms the same. Treatment continued. Chalk mixture omitted.

28th Slight delirium; when rational complains much of severe pain in breasts; other symptoms the same. Milk drawn from breasts; treatment continued.

29th Lies on her back; sleeps down in bed; frequent vomiting; pulse

small, [illegible], and [illegible] 50
covered with yellowish coat, red at tip
skin hot, does not feel so dry Directed
lime-water and milk; other treatment
continued

30th Vomiting has ceased; less
headache; skin [illegible]
over caecal region; some distension of
abdomen; stools brown, watery, [illegible]
and mixed with fragments of feces,
Patient lies on her back, is languid;
and much harrassed by the constant
[illegible]. Ordered [illegible]
[illegible]
[illegible]
[illegible] grains of Dover's powder at night
[illegible]

31st [illegible] the same, treat-
ment continued.

Sept 1st Diarrhea not so
bad; rose-colored spots on front of

chest; cough with slight expectoration of mucus; tongue covered with yellow coat; red at tip and edges; pulse less frequent and better volume. Treatment continued.

Sept 2nd what the same treatment continued.

3rd Pulse softer and better volume; tongue cleaning from center in flakes or patches; skin feels dry but not hot; stools are beginning to appear more natural; complains of headache and has slight exacerbation of fever every evening. Was directed solution of citrate of potassa, and sulphate of quinia.

4th Skin is dry but not hot and presents a white and [illegible] appearance, tongue [illegible] red and glossy; begins to [illegible] for something to eat. Treatment

continued; [illegible] nourishing diet

5th Slowly improving; complains of headache each evening. This patient gradually got better; but her daily headache continued for some time; and her tongue cleaned and renewed its coat several times during her convalescence. But the [illegible] amount of trouble was an [illegible] of sore mouth from the profuse salivation produced by the [illegible] course that had been followed. Under the use of tonics and a mild nourishing diet she gradually regained her usual health and strength.

Case Sixth

1851. Aug 19th Saw G. B. D., a young merchant aged 32. Has remained at home seven or eight days; bowels have been irregular; has taken a dose of calomel; has had pain in back, with a feeling of languor; loss of appetite; had hemorrhage from nose yesterday; much pain in head during night. Pulse this morning 108; heat of surface slightly elevated; tongue covered with a whitish coat; headache. Was directed an aperient of castor oil; [illegible] of solution of citrate of potassa every second hour

20th Increased heat of surface; headache; pulse quick and frequent; thirst. Was cupped on back of neck; solution of citrate of potassa continued; pill of [illegible] [illegible] [illegible] [illegible]

hours during the day; so to allowed to drink freely of cold water; body to be sponged frequently with cold water.

21st Skin hot and dry; less headache; tongue covered with whitish coat; dryness of mouth and fauces; pulse 112; diarrhea. Was directed chalk mixture; other treatment the same as yesterday.

22nd About the same. Treatment continued

23rd pulse small, quick and frequent; skin hot and dry; tongue covered with a whitish coat, yellow track along its center. Same treatment as ordered yesterday

It would be superfluous to give the daily details of this case, the symptoms for several days were not materially different, [illegible] increased in intensity — having an ex-

acceleration each afternoon — till the disease had reached [illegible], and then, as gradually declined, the more formidable of the symptoms abating or slowly disappearing, and the evacuations becoming, by degrees, healthy. His convalescence was slowly and almost imperceptibly established. He confined himself to the house, seven or eight weeks after the decline of the disease, his powers of thought infeebled, and his disposition peevish and fretful.

It was a mild, but well marked, case of Typhoid fever. The characteristic emphasis — [illegible] spots — appeared on the [illegible] of the month, remained four or five days, and then gradually disappeared.

The treatment consisted of small doses of blue pill and [illegible]

ha — after a mild antiphlogistic course had been pursued, three or four days —; the diaphoretic draught; free use of cold water; chalk mixture; when diarrhea was troublesome; mild farinaceous diet; tonics, during convalescence

An

Inaugural Dissertation

On

Tetanus

submitted to the examination

of the

Provost, Regents & Faculty of Physic

of the

University of Maryland

for

the degree

of

Doctor of Medicine

By

Bruce Thomas

of

Maryland

Baltimore Feb 14th 1852.

Tetanus.

Tetanus is derived from the Greek verb τείνω I stretch, A disease which consists of permanent Contraction of all the Muscles of the body or merely some, without alternation of relaxation.
Tetanus has been divided by Nosologists into several varieties, according to the muscles affected, when those of the Neck and face alone are involved, locking of the jaw being the most prominent symptome, It is termed Trismus or Locked jaw.
Sometimes the muscles of the trunk and inferior extremities are principally implicated, causing the body to become curved backwards into the form of an arch, this is denominated Opisthotonos.

When the muscles of the front are chiefly affected, the body is bent forwards, this is Emprosthotonos. Bending the body on either side is termed Pleurosthotonos.
But these distinct varieties seem to present no useful object of practical importance, the disease being essentially the same in all of them.
There is another division of this disease, however, founded upon etiological circumstances, which is of more consequence, both in a Prognostic and Therapeutic point of view to bear in mind, namely into Idiopathic and Traumatic Tetanus. The former arising from some Pathological change in the System, or as some say Spontaneously, or without

any assignable cause. The latter resulting from some External injury, such as wounds, bruises, burns &c. Idiopathic Tetanus is said to be usually Chronic, Traumatic Acute, the latter being of shorter duration, more severe and the best Authors state, always attended with fatal consequences, with regard to their statements, we shall have to rely upon our own Experience and Knowledge of the disease.

The most frequent form is that which is traumatic and acute, and the symptoms of this form may be taken as Typical of the disease in general.

Authors state that it occurs more frequently in the warm climates, than in the temperate.

Also more frequently in men than
Women, in the colored than white.
The existence of a wound is not
essential to the production of
this disease; it has followed
from a simple fracture, from
an accidental blow or bruise,
though apparently slight.
Wounds are ordinarily the ex-
citing causes, especially those
of the lacerated kind, which
are inflicted upon some portion
of the body well supplied
with nerves, tendons, ligaments,
as the hand or foot.
The predisposing causes of Tetanus
are not easily ascertained, but
commonly Intestinal or Uterine
irritation, Exposure to cold &c
are the causes which usually
light up the disease.

I knew a case of this disease which occured from exposure to cold; the toes having become frost-bitten, the foot sloughed to some extent, Tetanus supervened, shortly which resulted in the death of the Patient.

In some cases the symptoms appear shortly after the infliction of the Injury, in others some days elapse; It has occured after the Cicatrix had healed: but being governed by the best authors we feel safe, as regards our Patient, after the twelfth day.

Frequently Tetanus supervenes just about the time the wound commences to heal, but this

is owing to a portion of the nerve becoming Entangled in the Cicatrice, thereby Creating irritation.

It is evident that this disease depends upon too great Excitement of the Spinal system Idiopathic Tetanus has its origin in the nervous Centres.. Traumatic arises from some local injury, and the irritation propagated by this through the nervous filaments to the Spinal Cord; and thus giving rise to such Spasmodic movements.

The nerves concerned in deglutition are generally the first to become affected, then of course the muscles are obedient to them. The Patient complains usually of

uneasiness about the Neck and Jaws, with stiffness &c; there is often soreness and dryness of the throat: the muscles concerned in mastication and swallowing, are rigid, there is great difficulty in opening and shutting the mouth: the Eyes become fixed; the facial muscles all become distorted, so that the face assumes a curious and ghastly appearance; the Countenance exhibits the aspect of immense suffering. About after these symptoms, the pain gradually towards the lower part of the Sternum and about the Stomach, shooting along the course of the nerves towards their Spinal origin.

The Diaphragm is commonly the first of the involuntary muscles affected, which disturbs respiration, the breathing is hurried, the patient endeavours to catch his breath and experiences suffocating symptoms: Gradually the muscles of the extremities become inflexible, the whole body is now fixed and rigid, the whole frame is thrown into a state of painful Contraction, there is no oxygen but remains, but for a few minutes; again the trunk and extremities resume their relaxed state, but those of the jaws remain firmly contracted during the convulsions.

9. But when the disease has gone on for some time, the Patient suffers extreme torture, the Spasms are more intense, the Stricture becomes relaxed, the tongue protrudes from the mouth the Saliva trickles from between the teeth, the tongue is bitten, and the Countenance assumes a more horrid expression than can readily imagined, the respiration becomes hurried, the pulse quick and irregular, the Eyes grow dim and watery, and Spasmodic sweats pervade the whole body. Towards the termination of this horrible malady, delirium sometimes occurs, and at this stage a severe Spasm comes on, and death closes

the scene. The duration of this malady in the acute form is seldom longer, than a few days; Chronic is variable.
The morbid appearances found after death are similar to those of Hydrophobia, but seldom or never the same. The brain is found Congested, or serum frowned out, the Spinal Cord is generally found Congested and often enlarged in some, the Lungs are found Congested and also the Stomach exhibits traces of Vascularity.
Those Nerves arising from the diseased portion of the Cord show increased Vascularity.
In the Diagnosis of Tetanus we can seldom be deceived; Hydrophobia resembles it, in some

respects, Meningitis of the Spinal Cord somewhat resembles Tetanic spasms, there is spastic rigidity of the muscles of the Neck, back, and lower Extremities, amounting in some few instances to Opisthotonos. Having but a very limited knowledge of this disease, as far as Diagnosis is concerned, and it being readily distinguished, there is little necessity of dwelling long upon the Diagnosis, as it is by no means obscure. The Prognosis of Tetanus is very unfavorable, particularly in the acute form. Traumatic Tetanus according to the best Authors is seldom overcome: But the Indications or that which depends on general

causes is much more reme-
diate to treatment. There is a
form of this disease which occurs
in new born Infants called
Trismus nascentium; but is very
seldom refered to by writers.
Dr. Parry attempted to found
a Prognosis on the state of the
pulse; he asserted that if on
the first day of the disease
the pulse was very frequent,
or if it arose to 120 beats in
the minute, the case would be
certainly fatal: when on the
contrary, if by the 4th or 5th
day it did not arise over 100
or 110 in the minute, the case
would terminate favorably.
Druitt states that he has known
cases to terminate fatally, when
the pulse never arose over 80 or 90

When the disease comes on gradually, and the muscles of the neck and jaws are only affected by the 4th or 5th day; the abdomen not very hard, the pulse not very full, the skin warm and moist, and if the patient enjoys sleep; there is always strong hopes of recovery: On the other hand, when the disease comes on suddenly, and the muscles of the whole body thrown into violent and rigid Contraction, when the abdomen feels hard, when there is shooting pain from the pit of the stomach towards the spine, and the countenance of the patient very much distorted, we have great reason to fear a fatal termination.

The treatment of Tetanus, which has proved to be the most remediable is claimed by various Authors, each one endeavoring to secure for himself an enviable reputation for the cure of so dangerous and fatal a malady: But as get no remediate measure has been found which is certain to terminate this disease. In our treatment, we shall have to be governed by those remedies which have proved to be useful. In the first place, we should remove all source of irritation, when there occurs an external wound. In case pus has collected, or there has been inflammatory swelling about the injured part, we should make free incisions: If nerves have been lacerated or torn, we should

divide it above the injured part this is done to cut off the nervous communication to the Cord: Mr. Liston has proposed ^ incision above the injury so as to cut off as much nervous communication as possible. There is generally a great deal of pain about the injured part, and we should apply Opiates to relieve the Patient, a good fomentation is the decoction of Poppies. Some have treated the wound with Cauterization, and often with success: Others have recommended incision of the Cicatrix. Amputation has been performed above the injured part, but seldom with success. One of our best writers, "Druitt," says it should never be performed, unless it is some other reason than the disease. A great many different modes have

been employed in the treatment of this dreadful malady, and many too with success.

On the one hand, I find Authors who recommend depleting measures whilst on the other many oppose it; I have but to consult the records of Medicine for light upon the immediate management of this disease, and find myself much perplexed.

I find stimulants & tonics recommended by one Writer, & the result another, and find the measures condemned as utterly useless. By reference I find that many Writers, and among them the followers of Brussais ridiculing the method of treating Fevers with stimulants and antiphlogistics, when on the other

7 hand Morrison, and many respectable authorities, with those means, were successful. Bleeding in all cases where the inflammatory state is indicated, should be performed to a certain extent, we find many cases where this measure carried to a moderate degree has overcome the Spasms: But by far in the majority of cases bleeding should not be performed, as it reduces the tone of the system, and consumes the materials of life, and operates by exhaustion. Purgatives are always indicated in the commencement of the disease as there is constipation, and vitiated secretions in the alimentary canal such as worms &c. The most active Purgatives must be resorted to, such as Croton Oil, Elaterium, Calomel &c.

these Purgatives should be followed by Terebinthinate injections per anum: these doses should be moderately continued until the bowels are freely opened, the only circumstances which forbid the Employment of Purgatives are previous diseases of the alimentary Canal, such as Dysentery, Ulceration &c. Opium is another drug which must certainly be resorted to, this is highly spoken of by the best Authorities, and has proved highly efficacious. Dr Morrison one of our most modern Authors, relies highly upon this Narcotic, and in many instances adduced proofs of its efficacy. Opium is useful by fomentation applied to the Epigastric part. A few grains of Morphia applied along the course of the Spine on denuded skin.

the modern discovery of Chloroform promises one of the most remediable agents we could possess. It has been but little used as yet - 1 case of Tetanus came under the immediate observation of one of my Preceptors, and Chloroform being used for some time it resulted in a perfect cure.
Tobacco is another Drug which has been much used, many European Physicians have treated this disease successfully with this powerful drug.
This is a very dangerous remedy its effects should be carefully watched: Enemata should always be administered, when Tobacco is used. Mercury has been highly lauded by some Practitioners Cases have been reported to have

been Cured, by placing the Patient in a warm room, and rubbing the mercurial ointment well over the limbs, until Ptyalism is produced: Dr Rush Cured a case in the Phil^a Hospital by mercury assisted by bark and general Tonics. Lately the subnitrate of Mercury in doses of ten grains, has been strongly recommended, Its effects are purgative, Emetic & Diaphoretic, Opium & warm bath assisted the action of this Case.

The Spirits of Turpentine has been used in many Cases with success, and has attracted considerable attention as a remedy. Dr Mott has given an account of a case of Traumatic Tetanus which was cured by this drug,

When the disease had resisted Opium, warm bath, Tobacco, wine bark &c: A Teaspoonful was given every fifteen minutes for two hours, when the spasm intermitted, It was afterwards given at longer intervals until one hundred and twenty three Teaspoonfuls were taken. Nutritious diet should also be given, such as beef tea arrow root &c.

Warm bath has been employed and with much success, It has the power of relaying the spasm and allaying nervous excitement. Cold bath has also been used, but with not so much success.

It killed a Patient in St Thomas Hospital, a Pailful of cold water was thrown over his body, and he suddenly expired.

One of our most powerful sedatives
is the Urarali poison, which is used
in Guianna by the Natives to poison
their arrows, this should never be
used except all other remedies
have failed, as there is great
peril to the Patient life.
In Chronic Tetanus the principal
remedies seem to be purgatives
continued until the Alimentary Canal
has been cleared of its irritating
contents; supported by good nourishment
and gentle antispasmodics. After
the spasms have subsided; Tonics
are necessary to remove the te-
dency to debility which remains.

Wm Thomas
Frederick City
Maryland

An
Inaugural Dissertation
on
Hysteria
Submitted to the examination
of the
Provost, Regents and Faculty of Physic
of the
University of Maryland
for the degree
of
Doctor of Medicine
by
James T. Jarrett
of
Harford County
Maryland
1852.

In compliance with a very judicious law of this Institution viz; that all those applying for a degree in Medicine must deposit with the Faculty a dissertation on some subject connected with the science of Medicine, I herewith very respectfully submit to your examination a few remarks on the following disease viz:

Hysteria.

This disease makes its appearance under such various forms, resembles so many other complaints, and is accompanied with such a variety of phenomena which indicate extreme disorder of the animal and vital functions, that it is difficult to give a just character or definition of it; and it is only by [illegible] an assemblage of all its [illegible] and appearances that we can convey a proper idea of it to others.

Symptoms: The disease comes on [illegible] or fits and [illegible] often preceded by [illegible] of spirits, anxiety of mind, dyspnoea or a sense of oppression [illegible]

palpitation of the heart; but it more usually happens that the Patient experiences a pain in the left side, about the flexure of the [illegible], with [illegible] of [illegible] advancing upwards to it reaches the stomach, then proceeding up the Oesophagus it produces a feeling as if a ball were lodged there, technically called globus hystericus. The disease having attained this height the Patient appears to be threatened with suffocation, becomes faint; and is affected with stupor and insensibility to [illegible] at the same time the body is thrown to & fro the limbs are [illegible], she tears her [illegible] pulls her [illegible] and sometimes attempts to bite [illegible] or those who may be in attendance, with [illegible] irregular actions [illegible] in the [illegible] fits of [illegible] [illegible] expressions are uttered, a temporary delirium prevails and sometimes a frothy saliva is discharged from the mouth. ([illegible] at the Infirmary of a woman of an exceedingly robust appearance, in whom many of the

above symptoms were strikingly developed. The disease was supposed to have originated from suppression of the Catamenia, which is not unfrequently the exciting cause). After the spasms abate though the Patient seems ready to expire and lies many hours apparently in a state of unconsciousness, frequent evacuations of wind come on with sighing and sobbing; finally all marked symptoms disappear and in some instances a perfect health is seemingly restored without the Patient having any knowledge of what has transpired during the paroxysm, but with pain in the head and soreness over the whole body. In some cases there is little or no convulsive movements and the person lies as though she were in a profound sleep devoid of either sense or motion. Singultus is sometimes present in this disease — occasionally fits of Hysteria consist entirely of this. [illegible] is that of Coma; in which state

the Patient sometimes lies for one, two or even three days perfectly [illegible] with eyes close and apparently insensible to all irritating applications, and incapable of being aroused by the loudest [illegible], moreover the respiration is often disturbed and the surface cool rendering her condition one of great fear to her friends and [illegible], which in truth there is little or no danger of the case terminating [illegible].

Cicough and other slight spasmodic affections sometimes constitute a paroxysm of Hysteria which will perhaps continue a day or two and either disappears spontaneously or is removed by proper remedial measures. It sometimes happens that the [illegible] is attended with severe pain in the back which extends from the spine to the sternum and at length becomes fixed in the region of the stomach [illegible] evidently of a [illegible] nature and often prevailing to [illegible] a

degree as to cause clamy sweats — a pale cadaverous look, coldness of the extremities and the pulse to become scarcely perceptible. Hysteric affections are of more frequent occurrence in a single state of blessedness than in that of matrimony and most usually between the age of puberty and the menstrual period. A peculiar feature in this disease is the healthy rosy robust appearance which some patients present through long periods of the most intense suffering and great apparent disorder of system.

Causes: Cachectic females and those whose nervous systems are extremely sensitive are most likely to be attacked by Hysterical affections and the habit which predisposes to these attacks is acquired by inactivity and a sedentary life. Astounding intelligence, emotion, anxiety of mind, late hours, dissipation, a suppression or obstruction of the menstrual flux, bad diet or whatever tends to weaken the constitution may bring on these attacks, in persons thus predisposed

Hysterical affections sometimes manifest themselves in the more delicate of the female sex, though rarely. The predisposition to this disease is often inherited and consequently children of parents possessing a nervous temperament are more liable to be thus affected and in such persons a frequent exciting cause is strong emotion of mind either of joy or grief, and instances have occurred in which the sight of a female in Hysterical convulsions has thrown others into similar paroxysms, who were previously exempt from the disease.

Diagnosis: This is generally not very difficult if the Practitioner will only bear in mind the peculiar characteristic phenomena, viz:- the globus hystericus, sudden transition from any passion, flow of limpid urine and the fear of death preceding, succeeding the paroxysm; all of which may sometimes in any given case of Hysteria

The disease with which it is most apt to be confounded is Epilepsy, but we may readily distinguish it from this affection by the before mentioned phenomena of Hysteria. It is very essential that we should be able to diagnose with facility between these two complaints as the one is comparatively trivial, while the other when allowed to progress without proper treatment to its maximum severity, too often proceeds obstinately and the symptoms are not the most mitigated or ameliorated by the treatment. There is very marked difference in the intensity of the symptoms of the two diseases in their incipiency. Epilepsy often commences suddenly without any fermenting symptoms, but if precursory symptoms do occur they are generally so brief as not to afford the Patient an opportunity to procure a fainting position, and she uses a fearful shock. There is great distortion of features, the eyes are fixed, there is grinding of the jaws

biting of the tongue and the pupil is permanently dilated or contracted, foaming at the mouth and profound Coma after the convulsions have ceased; these are the most prominent diagnostic symptoms of epilepsy. In Hysteria the paroxysms come on less suddenly and are milder in their action generally preceded by peculiar sensations which are very distressing, accompanied by [illegible] irregularities. The alternate laughing, sobbing & crying when present are almost infallible diagnostic signs. These two diseases sometimes, but rarely coexist and consequently the physician should be prepared to meet a commencing of the symptoms in such a case, - Laughing on one side of the face is said to be a prominent indication of this [illegible].

Treatment. In the case of this disease the indications for treatment are two-fold - first to allay the spasm or contraction which constitute the paroxysm; second, to remove the cause of irritation and diminish

the excitability of the nervous system, by such remedies as will give vigor to the whole body. If the case be one of recent origin, the Patient young & plethoric with a full strong pulse, blood may be taken from the arm, though very cautiously, to fulfill the first indication, but on the contrary, if she is weak and anemic; this remedy should never be resorted to. During the paroxysm in order to rouse the Patient; burnt feathers, spirit of Ammonia, or some other strongly odorous substance not too much concentrated may be applied to the nostrils, cold water thrown over the face and extremities is not unfrequently beneficial in relieving this morbid condition of things. If the above remedies fail to produce their desired effects, sinapisms may be applied to the insides of the thighs and ice or Cold water to the head. Inhalation of Chloroform has been adapted with success by quieting the violent convulsive movements and producing a

soporose condition. In cases where Constipation exist a Cathartic enema with the addition of some antispasmodic may be thrown up the rectum with signal benefit; for this purpose the best agents are Assafoetida, Camphor water, Tincture of Opium, oil of Turpentine, and musk. As soon as the Patient is capable of swallowing some of the nervous stimulants and Antispasmodics should be given such as Assafoetida, Castor Ammoniated Tincture of Valerian, Aether &c, Camphor Water, Hoffmans Anodyne, Spirit of Ammonia &c Should the convulsions still persist in spite of all these efforts, the spine should be examined and if tenderness be discovered, blisters should be immediately taken by means of Cupping or Scarifying.

The second indication in the treatment of Hysteria is to remove the exciting Cause and correct the instability of the nervous system. This indication may be fulfilled by the administration of the vegetable and mineral tonics and by proper dietetic regimen

horseback. The mind should be kept easy and cheerfull and if possible be engaged in some agreeable and interesting persuit. A visit to some watering or bathing place, would probably be efficacious in correcting this evil condition. Especially if it have its origin from grief anxiety or other distress of mind. If there is any suspicion that the affection proceeded from gout or Rheumatism the remedies for these diseases should be employed or if there has been suppression of any habitual discharge or repelled cutaneous eruption, blisters, pustulations, setons &c should be used to invite the irritation to the surface. Spinal irritation will often be found to be a frequent [illegible] in such cases Cups or leeches applied along the spine blisters or pustulations with Croton oil or what is perhaps much better [illegible] Antimony will often be exceedingly beneficial. Constipation must be counteracted by purgatives at first somewhat active, but afterwards

of such a nature as to keep the bowels regular; any disorder of the hepatic system should be immediately corrected.

This disease occasionly bids defiance to all remedial measures as illustrated in a remarkable case reported by R. West, surgeon & recorded in Rankins Abstract No 8 July — December 1848 page 36. The paroxysms in this case occured periodically in various forms and after using for a time Quinine as an Antiperiodic and purgatives, alteratives Morphia, alternately; Counterirritants, various Antispasmodics, Emetics, diffusible stimulants Cold affusions, carbonate of Iron, Oxide of Zinc, Nitrate of Silver successively & tonics, the paroxysms became so intense and the interval between them so brief that the further administration of medicines was utterly impossible. The paroxysms continued occur at intervals for two years, but finally yielded to the tonic properties of exercise on horseback

and cold air carried beyond its power of return.

Thus closes my brief and I am aware incomplete essay on Hysteria. A disease characterized by many peculiarities and assimulating many formidable complaints, hence the importance of making a true diagnosis. Hysteria, per se, is I may venture to say one of the most amusing and harmless diseases which we may be called upon to treat; however when occurs in its severe numerous phenomena, distressing to the patient to experience and the practitioner to see. I might have been much more elaborate in my description of this disease but the fact that it so rarely occurs and is so seldom fatal led me to devote my attention to those points alone which would be of the most importance practically. The propriety of speculating largely upon all the strange freaks which are said to have been noticed in Hysteria would probably be very judicious in one of long experience in the

practice of medicine, but in one like myself yet in the ardent pursuit of the fundamental principles of our noble science, such an undertaking would seem presumptuous. Farther I have as I said above touched upon those points only, of the most practical importance, conscious of my inability to do the subject justice: I now lay it before your honorable body with all its imperfections, hoping it may meet with your indulgence.

J. H. Farrell.

An

Inaugural Dissertation,

On

Natural Talent.

Submitted to the Examination

of the

Provost, Regents & Faculty of Physic,

of the

University of Maryland,

for the

Degree of Doctor of Medicine

by

Jeremiah Johnson

Clear Spring,

Washington Co.

Md.

The term "natural Labour" is applied to those cases (by Professor Richard H Thomas) in which any part of the child presents; passing regularly through the pelvis; completing the Labour with safety both to the mother and child without any assistance, further than those of Nature.

In the first place I will speak of the Symptoms of "Labour"; secondly, the Stages of "Labour"; thirdly, management of "Labour"; and fourthly, consequence of "Labour".

The symptoms of Labour may be classed under two heads: those which are indicative of the approaching

crisis,- and those: which indi-
-mate that the process has
actually commenced.
The first indication of appr
oaching Labour, is subsiden
-ce of the abdomen, at the
begining of the ninth month;
we find the uterus as high
up as the ensiform cartilage;
but during the latter part
of the month, we find it
gradually subsiding and
falling forwards; this is owing
to the relaxation of the
abdominal parietes; and weight of the uterus
this is to be regarded as
a good symptom, for it
shows us that Labour is
about to commence in
a natural manner

and that the woman has a tolerably roomy pelvis.
The second indication of approaching Labour is frequent micturition, and tenesmus; this is caused by pressure, and irritation,
The third indication of approaching Labour is an increased, discharge, (mucous) from the vagina, it generally takes place about twenty four hours, previous to the commencement of actual Labour; this discharge is frequently tinged with blood, from the rupture of some small vessels, and called (by the old women) the show;

it is to be regarded as a good symptom, because, it shows that there is a disposition in the passages to become relaxed and open; its use is to lubricate the soft parts, and promote relaxation.

The symptoms which indicate that Labour has actually commenced, are first, nausea and vomiting; Secondly, rigors or tremors; thirdly, painful sensations; and fourthly, dilation of the os uteri.

1st. Nausea and vomiting very frequently - indeed almost always attend on the dilatation of the

os uteri; Hence, vomiting at the early part of Labour has been looked upon as a good Symptom. It has been frequently recommended in cases of rigidity of the Os uteri, to administer Emetics, for the purpose of exciting sickness;- under the impression that the act of vomiting was the cause of the relaxation taking place. The matter ejected under this attack of vomiting, is merely what the patient has lately taken into her stomach, mixed with the gastric juice, and perhaps with a little

bile. The second symptoms which intimate that Labour has actually commenced, are rigors, or tremors; these rigors or tremors, are unattended with any sensations of cold, they are seldom distressing, and the patient pays but slight regard to them: she may perhaps feel a little chilly or shiver in a slight degree; but they however pass of as soon, as the os uteri, is dilated; it is scarcely necessary to do anything more, than to add some extra covering to her person, and if she asks for warm drinks to give them to her.

The most important and reliable symptoms, of actual Labour, are, pain and dilatation of the Os uteri. pain is produced by the, dilatation of the Os uteri, and contraction of the uterine fibres. it is felt in the Loins, upper part of the Sacrum, and the thighs: the sensation of pain is caused by the sensativeness of the parts, in which they are felt; at the commencement, there is merely a feeling of uneasiness; but when active pains first begin, they recur at regular intervals, gradually increasing in frequency, and power, aug-

-menting in intensity, un-
-till near the birth of the
child, then there is one
continued effort of expul-
-sion Lasting for two or
three minutes uninterru-
-ptedly; the pains alter-
-ing dilatation of the Os
uteri, are described by the
patient as being of a "gri-
-nding or cutting charac-
-ter;" When the dilatation
has gone on to such an
extent, that the contents
of the uterus are propell-
-ed through the os uteri,
Low down into the vagina,
the pains then assume
the character of a "forcing,
or bearing down nature"

under these expulsive pains the breath is held. and the patient forces down and strains, as though she was passing harden feaces; she gives no audible evidence that she is in pain, or she perhaps will make a smothering noise; until towards the close of the paroxysm, when an expression of more acute suffering escapes her;-and when the head is resting on the perineum, distending the external structures, and just about to pass out, she cannot restrain herself from giving vent to a Loud shreik or kind of

a wild cry.
Labour, is divided into three stages; the first stage is dilatation of the os uteri, rupture of the membranes, and discharge of the waters, this stage is considered the longest, and most tedious, both to the attendant, and patient, if an examination be made. "per vagina" the os uteri will be found high up, but not always in the same situation: in primiparæ, it is nearer the promontory of the sacrum, than the symphysis pubis; in women who have had children, it is often reversed, at the

Commencement of Labour; the Os uteri is soft, and will readily admit the point of the finger; but by repeated pains it gradually dilates so as to allow the child to pass.

The second Stage of Labour, is from the rupture of the membranes and discharge of the waters, to the entire expulsion of the child; the "per vaginal" examination, will reveal to us the situation of the childs head in the upper part of the pelvis, filling it more or less completely, and descending with each pain; we shall

also find the vagina dila-ted, and ready, to yeild to the pressure of the head. The third stage, is from the expulsion of the child, to the delivery of the placenta; the time which elapses from the expulsion, of the child, to the expulsion, of the placenta varies greatly in different cases. Doctor Churchill has has accurately noted 277, cases of which he found 176, cases, the placenta was expelled in five minutes, 60 cases in ten minutes, 14 cases, in fifteen minutes, 11 cases, in twenty minutes, and 16 cases in thirty minutes; after the expulsion of the placenta,

the uterus gently contracts with a few pains.

Management of natural Labour. There is in truth, but very little for the accoucheur to do if the case be natural, and the circumstances favourable; he should in all cases obey the summons to an obstetrical patient, as speedily as possible, "if he should be engaged, in an interesting conversation, or eating a good dinner," he should immediately leave, and hasten to his patient; it is always right, however little is required to be done - that the medical attendant, should be present during the chief

period of the process, that he may be at hand, to employ such means as emergency may render requisite; The practice of carrying certain medicines, and instruments, are entirely unnecessary; all that are needed, is an elastic (gum) catheter, and a lancet; it will be found convenient however, especially in country practice, to carry two, or three drachms of Laudanum, a few strong pins, and some strong ligatures of twine or tape; She may also have a book, provided it be not a treatise on midwifery!); on arriving at the patients residence,

we should not abruptly-
obtrude into her presence,
unless there be some imme
-diate necessity for our att
-endance; information sh
-ould be sought from the
nurse. on such points as
will enable us to judge
whether Labour has actually
begun; on entering the
room, we should look chee
-rful, and pleasantly, gently-
approach the bed, take a
seat by her side, and en
-gage in some general con
-versation, which will give
us an opportunity of obser
-ving the frequency, duura
-tion, strength, and character
of the pains; should they

be willing, we may give some general directions, and retire from the chamber, but if they are returning with frequency, and activity, we must not allow much time to elapse before we make an examination "per vagina", we should then explain to the patient, through the medium of a third person; (the nurse when present should be the proper person, in her absence, an elderly friend) the importance of such an examination.
The patient is better out of bed during the first stage of Labour, she will

be less fatigued, and pro
bably less impatient, than
if she lay in bed the whole
time; she may rest on
the sofa when tired, and
occasionally walk about
the room, or pursue any
slight occupation if she
be able; it is very
desirable to keep her tran
quil, and cheerful, for which
purpose she should be told
all that is favourable in
her case; all subjects hav
ing a tendency to annoy,
or depress, her feelings should
be strictly guarded against;
she may be allowed her usual
diet, but without stimulants;
the bowels, if constipated

should be evacuated, either by a cathartic, or enema, we should also attend to the bladder, if the urine should be suppressed, it should be drawn off by a catheter; she should be cautioned against making any effort of expulsion during the first stage, as it cannot hasten the Labour; she should be gently persuaded to submit to the necessities of her situation, and be told that those who are the most patient, and submissive, actually suffer the Least. Towards the end of the first stage it is customary for the nurse to "make the Bed"

which is done by placing a square of oil cloth over the mat-tress, to protect it from the discharges; over this is placed a blanket and sheet; soon as the second stage has set in, the patient should un-dress, and go to bed; the ban-dage should now be loosely applied around the body of the patient, so that we may not incur the risk of hemor-hage, (ultimate) after delivery, in raising the patient up; the most convenient as well as easy posture which the patient can take, and that which seems best adapted to facilitating the descent of the head through the pelvis,

is the one usually chosen in this country, — the Left-side with her hips within ten or twelve inches of the edge of the bed; her thighs flexed upon the pelvis, and the legs flexed upon the thighs; in this position the head and shoul-ders, will be brought near the centre of the bed; pillows may be placed to raise them to a comfortable height; in this position the "per vaginal" examination is to be made, in the follow-ing manner:— the accou-cheur, sitting behind her, on a chair, and having anointed the two first-fingers, of his right or

Left hand with some une-
-tuous Substance, he then
passes his hand up under
the clothes to the males, then
gently bring the hand for-
-wards to the vagina, separating
the organ, the first finger,
should then be introduced
into the vagina, in the direc
-tion of its entrance, which
is upwards and backwards;
having introduced the
finger as high as conveni
ently can be done, the wrist
should then be pronated, so
as to bring the junction of
the first and second fingers,
under the Symphisis pubis;
in this way we will be
able to reach the "os uteri"

without difficulty, having done this we shall be able to estimate the dilation, heat, moisture, dilatability of the Vagina, and "Os uteri"; the general condition of the "Cervix", the bag of waters, or the foetal head during the pains, if the membranes be entire, an experienced finger will in most cases detect the presentation; if they have given way, it will be more easy and certain to detect the presentation, and position; this is done by comparing the diameters of the childs, with the diameters, of the pelvis. It is generally

best to introduce the finger during the pain, as it is less unpleasantly to the patient. A comparison of the knowledge thus obtained, with the frequency, and force of the pains, will enable us to estimate the rate of the progress of the Labour; and these results, combined with the Local, and general condition of the patient, will afford adequate grounds for our prognosis. If by this time the "Os uteri" is thoroughly dilated, and we have clearly and satisfactorily ascertained the presentation, we should rupture the membranes, and allow the waters to be discharged;

(this will be a great relief to the patient); by this time the pains will be found strong, and coming on frequently, and the head descending with each pain; we should not now, by any means leave the room. Food cannot be taken at an advanced period of the labour, but warm drinks, such as whey, gruel, or tea, may be allowed; when the head is on the floor of the pelvis, distending the external structures, and about to emerge; the attendant should take his seat by the bed-side, and examine carefully during each pain for the purpose

of ascertaining the condition of the parts, and the proper time to render support to the "perineum"; the object in supporting the "perineum" is to prevent Laceration, of the parts, the too rapid descent of the head, and to direct the head forwards to the orifice of the "Vagina"; instead of being forced through the perineum; the amount of pressure needed is but Little, no attempt must be made to retard the progress of the head; but whilst the perineum near the Coccyx is firmly supported, the more anterior portion should be left free to yield before

the pressure of the head. Neither is the skin to be retracted when the head presses through the orifice, but rather carried forward so as to lessen the chance of laceration. Either hand may of course be used; but the left should be preferred, because it leaves the right at liberty to examine and receive the head of the child. As the head passes through the vaginal orifice, the accoucheur should receive it into his right hand, allowing it to make the usual rotation, and carrying it forward as the pains expell the shoulders and body of the child

the Left hand must be employed in supporting the perineum as the shoulders press forward. When the child is born, its mouth should be examined, and any mucus that may have accumulated in it removed; it not unfrequently happens that the funis is coiled around the childs neck, and fears have been expressed of its retarding the expulsion of the body, or causing the rupture of the cord, or the inversion of the uterus; it frequently happens that there is one; sometimes two, and occasionally three or four folds of the funis. coiled

around the neck of the child, and if not Liberated, the placenta will be dragged away from its attachment, jeopardizing the Life of the patient, from the Uterine hemorrhage, which would most undoubtedly occur; it might also evert the "uterus" the best way to free the cord, is to slip it over the head or shoulders, if this should not be practical, we must divide the funis, and compress the umbilical vessels with the hand and thumb, untill a Ligature can be obtained. Very fortunately this unfrequently happens; in a large and extensive

practice of twenty five years
Dr Richard H. Thomas. (Professor
of Obstetrics and the diseases
of Women and children, in
the University of Maryland)
has met, with but two cases,
where he was obliged to di
-vide the cord. Soon after
the head is born there is a
short interval, and then with
a few pains the shoulders,
and body are expelled; if
the child be healthy, and
have not suffered from
pressure &c. it will soon cry;
we should then gently take
it from under the clothes,
divide the cord, having pre
-viously applied the ligatures.
and then give it to the

nurse, who should be direc
-ted to wrap it up in warm
blankets, gently wash, and
dress it. We should then pl
-ace the left hand on the
abdomen, and ascertain
whether there is another child,
if not we will find the
uterine globe, to be about
the size of the childs head,
then with gentle friction
the uterus will be excited
to contraction, and the pla
-centa expelled with a
few pains, if not, we shou
-ld take hold of the cord,
and gently pass the right
hand up to the placenta,
then by gentle manipulations
we will be able to de —

-tach it: after the placenta has been expelled, we should rest upon the friction, until the uterus firmly contracts, if this friction should not be sufficient, and hemorrhage profuse, cold applications should be used, but if both fail, then the alternation of cold and warm, which will in most all cases produce the desired effect. The patient should now be made as comfortable as circumstances will permit, by the removal of all wet napkins, and clothes, and the application of warm dry ones. The bandage should now be tightened, extending

from over the hips to the waist.
Before we leave the house, we
should allow an hour or
two to elapse, having clearly,
and satisfactorily ascertained,
by a careful examination,
that there is no Remonhage,
we may with safety leave,
with the expectation of vis
-iting her in the course of 8
or 10 hours; We should cau
-tion her against assuming
the erect position, for the space
of eight or ten days. our
attention should next be
turned to the child; the
tumor on the childs head,
consists of serum, effused
under the scalp, it how
-ever subsides in a few days

incase the Ligature should not
prevent the hemorrhage from the um-
bilical vessels, plaster of Paris. sh
ould be introduced, into the navel,
which will become hard and
solid in spite of the hemorrhage
and effectually stop the vessels.
The childs body, when first-born,
is always covered with a thick
unctuous substance, which is
hard to remove, if not properly
done, the proper way to cleanse it is
to first incorporate it with some gre
asey substance, such as hogs-lard or
sweet-oil, after which it should
be rub with a warm flannel or
sponge, and washed with soap
and water: The dressing of the
navel is done, by taking a small
piece of muslin, doubling it twice

then cut a hole into the edge
and shape
about the size, of a Large V
gently place the navel into it, cover
it, and Lay it on the childs belly,
and afftly a bandage arounce
the body of the child. to keep it in
its proper place. immediatly after
the child is dressed it should be
afflied to the breast of the mother,
where nature has provided, with a
substance, to nourish and purge
off the "meconium" &c.
Convalescence after Labour. the
after pains are caused by contrac
-tions of the uterus; Subsequently
to delivery the contractions are
however accompanied by pain in
women with their first children;
but in subsequent Labours, they can
se more or less pain or suffering we

need not pay much attention to them, unless they be violent, and intense, giving the patient a great deal of suffering and uneasiness, for such the following prescription has been found highly useful.

" Rx. Morphiæ gj
Gum camph. zj
Pulv. g Arab zij
Sacch. alb zij
" Aq font zvi "

of this a table-spoonful is given every hour or two, until the pains cease. The Lochia. This is a sanguineous discharge, which attends delivery, and continues some time afterwards, it doubtless comes from the ruptured mouths of the uterine vessels caused by the separation of the placenta: it has a strong offensive odour which cannot be mistaken or forgotten when it is

painful and excessive the foll-
-owing prescription has been
found, highly useful.

℞

Sacch. Saturn ℈ij
Gum. Opii gr vj
Conserv. Rosar ℥ß
M. f pil. xxiv.

The state of the bowels should
be attended to, if they be cons-
-tipated, we should free them
with a mild purgative, such
as castor oil, senna, or rhubarb.
Attention should also be paid
to the bladder, if the urine
be retained, within the organ
it should be drawn off
by the catheter. The Physician
should be faithful and pun-
ctual in the discharge of his

duties to his patient; he should pay the most strict attention to the rules of decency and propriety; he should carefully and accurately watch the progress of Labour in all its forms and varieties; study well the cases that he may be called to manage; and remember that the unhappiness and distress he carries into families by his ignorance, and ill management of cases intrusted to his care, is a matter to be settled with his own conscience, and with his God.

An Inaugural Dissertation on Abortion.

Submitted to the Examination of the Provost, Regents & Faculty of Physic

OF THE

University of Maryland.

for the Degree of Doctor of Medicine

BY

Jacob H. Jones

Baltimore County

Md.

Abortion signifies the expulsion of the foetus from the uterus before its various organs are so developed, that it can maintain a separate and independent existence.

Ten lunar months or two hundred and eighty days, are generally considered to be the full term of uterus gestation, but a variety of causes may excite the uterus to a premature expulsion of its contents.

A foetus expelled within two months of the full term of pregnancy, is said to be viable, one expelled, anterior to that period, is not viable; consequently the cases of expulsion that occur previous to the sixth month of foetal existence are denominated abortions, those after that period, premature labors.

Some writers however call all expulsions before the sixth month abortions, those after that period premature labors.

But as the foetus is not capable of sustaining an independent existence until the seventh month, I shall consider cases of expulsion occurring before that period, abortions all cases after that period, premature labors.

The reason some authors denominate all expulsions occurring after the sixth month premature labors, probably originates from the fact, that a child expelled after that period, and previous to the seventh month, will sometimes cry, but death, that ruthless conqueror, soon lays his cold and icy

hand, upon its terminating its existence.

"As the snowflake in the river
A moment white then gone forever."

The statistics of Drs Collins, Beatty, Churchill and others, show that abortion occurs once in about every seventy eight cases of pregnancy.

Abortion happens more frequently during the third month of retrogestation than at any other period; but why it occurs oftener at that time than at any other is difficult to ascertain.

Abortion happens oftener at the periods during which the woman would have menstruated, had she not become pregnant, than in the time intrevening.

Various are the causes which have been assigned to be capable of producing abortion. As a rule it

may be stated, that any thing compromising the life of the child, or producing contraction of the uterus, is a cause.

Dr Churchill has divided the causes of abortion into maternal, and ovular, the maternal may exist before conception takes place or they may be accidental, that is, occurring after conception. Among the diseases existing previous to pregnancy that render a woman liable to abort, may be enumerated, leucorrhœa, syphilis, ulcerations of the os uteri, retroversio uteri, cancerous affection of the uterus, tumours, and all chronic affections of the uterus and its appendages.

Certain states of the system existing previous to conception, are usually considered to be predisposing causes, as plethora and debility.

Among the accidental causes

abortion may be cited those diseases and accidents that are liable to occur after conception, as Typhus, or Typhoid fever, Metritis, Small Pox, Scarlatina, Rubeola, and other diseases—falls, blows, violent muscular exertion, fits of coughing, and mental emotions, good or bad news suddenly communicated.

Anything producing the death of the foetus may be considered as an inline cause of abortion, as diseased condition of the chorion, amnion, or decidua, cartilagenous or Scirrhus, condition of the placenta, as slender funis, or diminutive placentas.

In noting the causes of abortion that act on the mother, and on the foetus, or on both, we

enumerate, continued fevers, and most of the diseases that women are liable to be affected with during pregnancy:— diseased conditions of the foetus, uterine excitement, seperation of the placenta from the walls of the uterus, irritation in parts contiguous to the uterus, as that which is produced by a calculus in the bladder or by an accumulation of faeces in the intestinal canal, fright and violent passion.

Though we may speculate about the causes producing abortion with seeming satisfaction as in fact we may about the proximate cause or causes of most diseases, yet in many cases of abortion it is extremely difficult to assign the producing cause.

When abortion cannot be

referred to any particular cause it is termed spontaneous.

Some women are capable of aborting, say about the third month, and at last it becomes extremely difficult for them to carry a child beyond that period.

Abortion is usually preceded by, and accompanied with, the following symptoms, languor, and debility, intermitting pains in the region of the uterus, weight and uneasiness in the pelvis, and discharge of mucus and coagulated blood, per vaginum.

The uterine excitement that exists, may by the sympathetic contiguity be communicated to the surrounding part, and there will be a desire to void urine,

and to evacuate the bowels, although the bladder and rectum may be empty.

The stomach may sympathize with the uterus, and nausea and vomiting will be produced.

Sometimes the irritability of the nervous system is considerable, and is manifested by hysterical affections.

The discharge of coagulable blood from the vagina associated with pains coming and going in the region of the uterus, are more to be relied upon as indicating that abortion will occur, than any of the other symptoms.

After the symptoms of abortion have continued for a period that is in different cases, the foetus will generally be expelled, but they

may subside and the woman will go her full term.

Sometimes the symptoms terminate suddenly when the ovum is not completely expelled but is lodged in the vagina, and it is generally completely expelled the next time the woman urinates or evacuates her bowels.

Sometimes the ovum will be expelled from the uterus with little or no pain or hemorrhage, and the patient will speedily recover, this is liable to be the case with women who have contracted a habit of aborting.

Again, a woman will be taken with symptoms of abortion which after a time subside and nothing [illegible] passed from the uterus but at the

full period of utero gestation there will be expelled with a full-grown foetus, a blighted one, it being a case of twin conception.

Profuse hemorrhage occurs in some cases, which may proceed "usque ad mortem."

[illegible] is threatened with an abortion which may be known to be the case by her experiencing pains in the region of the uterus and thighs, and by other symptoms which have been detailed before, there are two things particularly to be attended to. In the first place the uterus should be tranquilized with opium, and in the second place the circulation should be kept quiet.

2° Perfect rest in the recumbent position should be enjoined. If there is a full state of the circulation, blood letting should be employed. The hips should be slightly elevated, which may be accomplished by placing books or blocks under the posts of the lower part of the beds. The patient should drink freely of iced lemonade.

The opium, bleeding and refrigerant drinks, diminish the hearts action and are consequently capable of restraining hemorrhages.

When abortion becomes unavoidable, the indication is to conduct the patient

through it, so that the constitution shall not be effected by the amount of blood lost.

The best methods to prevent hemorrhage after abortion has become unavoidable, is to plug the vagina with sponge or with linen rags, but the tampon should not be used, when endeavoring to prevent abortion as its presence in the vagina will excite the uterus to action, and the foetus will be expelled.

If the placenta does not come away soon after the expulsion of the foetus, it may be retained for a considerable time and a fetid

discharge will take place.

The uterus may generally be excited to the expulsion of the retained placenta by introducing the finger and titulating the os.

Sometimes the placenta may be delivered by the hand, but if it cannot and the uterus will not expel it, Dr. Dewey's placental forceps may be used. Ergot of rye, and Borax, which are frequently recommended, are in most cases inadmissable, as there is generally a great deal of nervous excitability existing after abortion has taken place, which is aggravated

by these remedies, especially by Ergot.

The after treatment of patients who have aborted requires considerable care, as they are as liable to puerperal diseases as after delivery at full terms.

They should remain in bed the same length of time that they would had they completed the full term of utero gestation. Their bowels ought to be kept open by some mild and and gentle purgative. Mild and unstimulating diet should be used.

The prophylactic treatment of abortion

consists in the removal or avoidance of all exciting causes, and in the using of means calculated to improve the general state of the system.

If the patient is a menstruating woman she should use tonics, eat light but nutritious food, and take exercise in the open air.

"Women of a plethoric habit should have a few ounces of blood taken from them once a month at the first three menstrual periods after conception.

"A patient who has contracted the habit of abusing a mild mercurial course should be recommended

An

Inaugural Dissertation

On Hernia

Submitted for Examination

To the Provost Regents and Faculty of Physic

of the University of Maryland

For the Degree

Of Doctor of Medicine

By

Charles W. Jefferson

Maryland

1852

Inscribed
To
Thomas Thing Carroll M.D.
Us a simple acknowledgement
of my gratitude for many
acts of kindness
By
His Friend & Pupil
the Author.

Hernia

The protrusion of any viscus from its proper cavity is hernia. But when used alone the term is intended to apply to those protrusions which appear about the abdomen. To these it is convenient for the name to be restricted: for although we may have hernia of other parts besides those contained within the abdomen: yet when they are present they always depend on some other disease or mechanical injury which otherwise requires the attention of the surgeon. In the abdomen there

Naturally exists several weak points through which hernia most frequently protrudes. A knowledge of these and the structures concerned in each form of the disease will be necessary to its successful treatment.
Among these the most important in consequence of the complicated anatomy of the parts involved and the frequency with which we see the disease showing its self at these points is the two inguinal rings inguinal canal and crural rings. Situated above the spine of the pubis and extending down to it is a small angular opening formed by the division of the tendon of the external oblique immediately before its insertion in the spine and

Symphisis of the pubis. This is the external ring. About an inch and a half above and to the outside is another small orifice through the transversalis aedia; this is the internal ring. Extending between these two rings is a space clear of muscular fibre formed by the reflection of the transversalis and internal oblique muscles from their origin on the outer part of Pouparts ligament to their insertion in the pedoneal line - this is the inguinal canal. This space is traversed by the round ligament in the female and the spermatic cord in the male. Beneath Pouparts ligament at the inner side there is found a small space bounded in front by the above muscles

ligament on the outside by the femoral vein - inner side by Gimbernatts ligament and posterior by the bone this is the crural ring through which femoral hernia protrudes. The umbilicus is another weak point In the foetus the is an open space here for the passage of the foetal vessels to the placenta - After birth the integuments close over the place but the tendons of the muscles never do consequently there remain a weak point. These are the points at which hernia most frequently shows itself and hence their superior importance to the surgeon. All the causes of hernia may be divided into predisposing and exciting - In studying the causes of this disease we should remember the Moreschi

Condition of most of the viscera
of the abdomen. All those causes
that tend in any way to weaken
the walls of the abdomen; may be
ranked with the predisposing. Dropsy
and pregnancy by their tendency to stretch
and expand the muscles of the abdomen
thus diminishing resistance. are common
causes. Abscess and burns act in
the same way. Sir A Cooper reckons
fever as a very frequent cause and
cites the large number of hernias in
those climates where fevers are rife
in support of his opinion. Old age
from the same cause may be ranked
with those that predispose. According
to the above mentioned author more
than half of the old men are liable
who labour for their living are the

the subjects of this disease. Fat persons becoming suddenly lean are very apt to have hernia in consequence of the absorption of the fat which has been deposited on the cord thus causing distention of the rings and canal. The exciting causes are such as compress in any manner the viscera. Of these by far the most frequent are the violent action of the muscles as when persons are lifting heavy weights, straining at stool, coughing. Sailors pulling at ropes frequent cause hernia to protrude, compression from without is often the immediate cause. Hernia is divided first according to its situation secondly its condition. Of the last division there are three varieties reducible,

irreducible and strangulated. When the parts can be returned into the cavity of the abdomen: it is said to be reducible. The symptoms are generally very plain. Frequently after some violent exertion there is slight pain in the abdominal muscles, perhaps caused by the rupture of muscular fibres, a sense of weakness: the patient will tell you he feels as if something was deficient. Soon there will appear a tumour extremely soft and elastic to the touch. If the patient lie down the tumour will disappear to shew itself again when he assumes the erect position. If you make him cough the part will be

feet to support. As soon as the hernia is Reduced it should be returned in the belly and retained there by pressure. This is best effected by means of a truss accurately fitted to the part, with the pad over the inner point of exit. If possible for the patient to dismiss to the inconvenience he should wear it by day and night - if not he may lay it aside before he retires to rest - but should resume it when he arises. If the patient is young hopes may be entertained of adhesion and obliteration of the sac. After the truss should never be entirely laid aside even in the young it should be worn for three years and there afterwards

in life may expect to wear it for the remainder of their years If the parts cannot be returned by force applied externally it is then denominated irreducible Many causes are continually acting to render a hernia irreducible Of these hypertrophy of the sac and its adhesion to the parts in contact are the most frequent The formation of bands across the orifice or the deposition of fat are also causes.
The symptoms are the same as in the proceeding variety This form of hernia is liable to many dangers - Ulceration injury from without causing the rupture of the intestine. But the great

Source of danger is Strangulation
This variety often attains enormous
size reaching as low as the knee
and containing in its cavity all
the Molecular viscera of the
abdomen. But little can be
done here in the way of treatment
The parts should be supported
with a bag truss and the
patient cautioned to be guarded
in his diet and not to make
any great muscular exertion
When the parts become so compressed
as to prevent the return of blood or
the passage of the feces it is strangulated
The same cause which protrudes the hernia
often causes the strangulation. As when a small
bundle of intestine is forced through a small
orifice. Gases or feces collecting in the intestine are causes

of strangulation - Sometimes foreign substances get in the part = Prof. Smith relates a case caused by Cherry stones geting in the intestine The symptoms are such as it would be unpassonable to mistake when so much is depending on a correct diagnosis - Obstinate constipation is always present: vomiting, frequently of feculent matter - A feble frequent pulse. Cold surface covered with perspiration shrunken and anxious countenance - all the signs of extreme collapse of the strangulated intestine is not relieved death speedily followed - There might be an exception to this rule where the patient was young with a vigorous constitution - here the parts possibly could slough away and

the continuity of the canal be restored: these cases I should think were extremely rare. As soon as strangulation is found to exist every means should be tried to relieve it without the use of the knife. The patient should be placed on his back in such a position as will best relax all the muscles of the part. The surgeon then grasping the hernia in his hand should proceed to make taxis in the direction from whence the parts protrude. In doing this we should be very careful not to use violence. Gentle means are equally effective and far better otherwise. If we fail in this we should then call to our aid some of those means which have been

found so useful when employed in conjunction with toxis. Cold applied to the tumour is often sufficient - in itself to cause the reduction. Tobacco enema - bloodletting to syncope, Tart-Antimony, warm bath have all been recommended in consequence of their power to relax spasm and overcome muscular contraction. But the means on which I should place most reliance for this purpose, would be the free administration of Chloroform. This agent while capable of effecting all the good of of the others has not the disadvantage of causing such great prostration. This is a great point gained for should it become necessary to operate our patient is in nearly as good

a condition as previous to the exhibition of the agent which is not the case with the powerful sedatives. When the patient is fully under its influence we should again try taxis. If the hernia does not yield readily we should not be too soon to give over our task. It often yields when least expected. But the great danger is in too long delay. Here is found the cause of the great mortality which has attended this operation. It has generally been the last resort when the patient was already moribund. If the operation was performed when the patient was in a condition to bear the shock the mortality would not be more than one in thirty. Now as it is commonly done fully one fifth die. When it is

impossible to reduce the hernia by other means. We should proceed immediately to the operation. If convenient the patient should be placed on a narrow table with all his abdominal muscles relaxed. The surgeon should grasp the tumour in his left hand and make a free incision through the integuments lying over the inner part of the protrusion and following the long diameter of the hernia. In femoral hernia is advised to make a T shape incision. The surgeon should raise each fascia separate with his forceps in which he must make a slight hole with the scalpel held horizontal then insert a probe pointed history and divide up and down

In dividing the sac great care is necessary to avoid the intestine. The fluid which is always contained in the sac must be suffered to escape and the condition of the protruded parts examined. The stricture should be sought with the finger. It will most commonly be found about the neck of the sac. The probe pointed history should be guided by the finger to the seat of stricture which should be divided by raising the blade with the inserted finger. If the parts are in a state of gangrene they must be retained at the wound. If in a condition to return they should be retained by means of pressure applied over the wound. The integuments

May be kept in apposition by means of sutures. If the bowels are not evacuated in a short time after the operation an enema should be given. The patient should be kept perfectly quiet and allowed but the lowest diet. The only difference in the treatment of the various forms of the disease are founded on the anatomy of the parts involved

Abortion

By this term is meant the expulsion of the contents of the gravid-Uterus any time previous to the completion of Utero gestation; and abortion like that of parturition is accompanied by the contractions of the Uterine fibres. If this accident should occur previous to the sixth month it is called miscarriage, and if after that period when the foetus is capable of maintaining an extra-Uterine life, and prior to the period of pregnancy it is called "premature labour". Abortion is always an untoward event, but not frequently dangerous, unless accompanied by excessive hemorrhage. In some cases miscarriage or premature labor is in consequence of an enfeebled condition of health, while nothing tends so much

destroy the general health of the female breaking her constitution bringing on premature old age fraught with misery and unhappiness - shortening the most pleasant part of her existence & making life any thing but desirable. Under whatever circumstances this accident may occur, it is to be much deprecated, and every possible exertion should be made on the part of the medical attendant to avert its progress and arrest the hemorrhage consequent upon its accession, and above all if practicable to break the morbid condition of the system which induces the occurrence of abortion habitual. In order to fulfil these important indications, the causes symptoms and treatment, must be diligently studied and well understood. Abortion

is most likely to occur during the first two or three months of Utero-gestation; the reason of this fact is familiar to all medical men viz: that at this period of gestation the [illegible] formed between the ovum and Uterus, is much more delicate and more easily seperated than when the term of pregnancy is more advanced. The causes instrumental in the production of Abortion are exceedingly numerous, and for the sake of simplicity I will adopt the division made by Churchill. viz: into maternal and ovuline or those referable to the mother, and those dependent upon the condition of the ovum. The maternal causes do not appear to depend upon any particular form or constitution, though

females of a nervous disposition are often from their extreme susceptibility to external impressions, frequently exposed to abortion; but on the other hand, females of a plethoric habit and who have had profuse menstruation are exceedingly obnoxious to this terrible accident, particularly during the menstrual Molimen, though no discharge should occur at this period those females who lead sedentary lives and live in luxury, are much more susceptible to an early discharge of the ovum, than those females whose mode of living is more in accordance with the dictates of nature. The occurrence of any acute disease as smallpox or measles and females who have suffered from dysmenorrhea leucorrhea, Syphilis, or any confined

habit of either parent, seem to act as indirect causes; tumors developed in the Uterus frequently produce abortion, acting mechanically either by preventing the growth of the ovum, or by producing undue excitability of the [illegible] & thereby producing spasmodic contractions of that organ, acute or chronic diseases mild or malignant, of the ovaries, fallopian tubes, and old adhesions, existing as the result of bygone inflammation, prevent in the majority of cases the progress of pregnancy. tumors of the ovaries and pelvis or deformity of the latter will by mechanical interference prevent the completion of the time of Uterostation: in many cases the only obvious cause is an undue irritability

of the Uterus, abortion is sometimes attributable to blows or falls upon the abdomen, or to mental emotion. Doct. Churchill mentions a case thus produced, by a lady reading an account of a railroad calasthophe: displacement of the Uterus and disease of the bladder, or rectum are not unfrequently causes of miscarriage. The imprudent use of irritant and drastic medicines, and obstinate vomiting are among the many causes which merit the attention of the Practitioner.

It is a well authenticated fact in medicine that the foetus in Utero is affected by the diseases of the Mother: Many of the spontaneous fevers attacking the pregnant female may be, and are transmitted

to the foetus and producing a more serious effect than those diseases would if the child was attacked after its birth; hence it is not hard to understand that when the female contracts those diseases, she should be predisposed to abortion. If the foetus be dead, it will act as a foreign body; and it will be expelled by the Uterus, — the Mother and foetus may both survive & the connexion between the embryo & Uterus become so frail as to render the occurrence of miscarriage beyond doubt, — particularly when the mother is rendered susceptible to various impressions; — disease of the ovum may exist independent of any infirmity on the part of the mother which condition is a frequent cause of abortion

The pathology of the [illegible] is but little understood, though it has received a great degree of attention and I think it would be quite impossible to predetermine the pathological condition of the foetus: the connexion of the foetus to the Uterus may be weakened by atrophy or hypertrophy of the placenta, a change may be observed in the Placenta thus it may undergo inflammation or it may be changed by a deposition of calcareous matter or it may be converted into a hydatid mass. Bloody clots are frequently formed between the placenta and Uterus which by their gradual accumulation effect its separation. M. Duvilhier has termed this condition "Phenomenon apoplexy", a similar collection of blood

may take place between the chorion and uterus. Preternatural shortening or torsion of the umbilical cord have been classed among the causes of abortion by Stein, Mauriceau, Guillemont, Deman &c. disease of the membranes of the foetus is another which may assist in the production of abortion or miscarriage.

It is supposed when abortion occurs habitually it is referable to the excitation produced in the uterine system by the periodical occurrence of the menstrual molimen.

The symptoms will be very much modified by the constitution of the female, and by the period of gestation at which it occurs

gradually destroys the life of the female while in some cases the retention of the dead foetus occasions but little or no constitutional suffering. in cases where the abortion is in consequence of an injury, the expulsion of the ovum is more gradual. Most frequently the accident is followed by profuse hemorrhage, which causes a suspension of the movements of the foetus, and a quiet expulsion is the consequence, or these symptoms may be defined for some time, and the female considers herself safe, when the hemorrhage pain &c, appeize her of the delusion causing a rapid expulsion of the contents of the uterus occasionally after some of these accidents the foetus is expelled alive but such a

termination of abortion is rare.
The discharge of "liquor amnii" is
looked upon as an unequivocal
sign that abortion will occur:
though no definite time can be
fixed for the expulsion of the
embryo, we should not despair
of preventing the issue as long as
there is evidence that the foetus
lives, which can in many
cases be ascertained by auscultation.
Authors admit as a general rule
the more gradual the abortion
is the less will be the danger
from hemorrhage.
When the expulsion of the foetus
is about to occur the Ostium dilates
as in ordinary labour though the
dilatation of the soft pelt are
effected with more difficulty of the

embryo be large, than it would be at the full term of gestation. In twin cases, one may be expelled and the other remain but this happy termination of abortion is quite rare from the fact that what effects one of the embryos generally effects in the same degree the other.

The diagnosis would be comparatively easy of abortion if every case was preceded by the premonitory symptoms but unfortunately this is not the case. Many of the precursory symptoms are naturally, & the expulsion of the immature foetus frequently occurs before the advice of a physician can be obtained.

The pains which precede abortion resemble very much those of

dysmenorrhœa, but the determination of the existence of pregnancy will assist the physician in making his diagnosis.

All uterine hemorrhages occurring during pregnancy should be regarded as percursor of abortion and no effort should be spared to arrest its continuance.

The prognosis of abortion is considered more grave in protracted cases than in those which abortion is rapid and to be more dangerous to the mother than when labour is accomplished in the natural way at full time of utero-gestation. Natural labours are more frequently followed by those fevers peculiar to the parturient female while abortion gives

rise to many chronic diseases of the Uterus ovaries and fal-lopian tubes; and again the prognosis will be very much influenced by the period at which abortion should occur: thus during the first and second mon-th abortion, is accomplished with symptoms of very little danger while during the third and fourth month, it is both obstinate and dangerous owing to the condition of the os-uteri, which is in a very unfavourable state for dilatation. It is thought by some authors that this is more dangerous than at a more advanced stage of Utero-gestation. The more advanced pregnancy is the greater will be the danger from severe hemorrhage.

arising from the extent of the connection of the placenta to the surface of the Uterus it is more hazardous from accidental causes, than when it approaches in a more gradual manner. It has been observed that the effects upon the constitution of the female are greater in those cases of abortion which approach in a gradual manner than in those where the expulsion has occurred rapidly.

In the treatment of abortion we have two objects in view, viz: first to prevent it if possible [illegible] to conduct the patient through [illegible] safety as practicable. The accomplishment of the first object will depend upon the condition in which we find

[illegible]
-se to [illegible]
and mineral tonics, combined
with rest as before recommended.
In spite of the above means the
hemorrhage should persist - it will
be important to have recourse
to the tampon, with cold and astringent
application to the external genitals,
should the expulsive efforts of the
uterus continue with an increase
of the hemorrhage, the prevention of
abortion is almost rendered impos-
sible though our endeavours should
not diminish in the employment
of such agents as are calculated to
avert the unpleasant issue of the
case; in some cases of abortion
the embryo is expelled, enclosed
in its membranes which is the

just above it no forced should be used in introducing the fingers for fear of injuring the soft parts for at this period of pregnancy the Os-Uteri is rigid and the Uterus small; if the membranes can not be drawn down the hook recommend by Dr. Dewees may be used with advantage.

Sometimes in consequence of the retention of the membranes putrefaction ensues, which proves very dangerous to the female by giving rise to severe hectic fever; in such a case, nothing is left for the Physician to do but support the constitution of the female, and frequently wasting away the accommodation of partial matter, which is apt

to collect in the vagina, for this purpose, solutions of the disinfectant agents are most appropriate. In some rare instances the retained membranes are transformed into moles, hydatids, and other adventitious growths frequently found in the Uterus.

When abortion once occurs we have reason to anticipate its return at the next pregnancy; in such cases we should direct our attention to the discovery of the cause, and when this is ascertained, such remedies should be used as will most likely break the morbid connection.

If the female be affected with Syphilis, alteratives should be used to counteract the effects

of that disease, and if any other discoverable condition should present itself, our remedies must be address to its relief.
If the abortion should occur (as it generally does) at a regular time of pregnancy, we must instruct the female to keep the recumbent posture, and repose on a hard mattress in a room cool and well ventilated, and we should enforce such medical means as will be indicated, and persevered in until the time for abortion has passed.
The female should recieve close attention during the intermission of [illegible] and any disease that may [illegible] must be quickly subdued.
If notwithstanding our efforts

to [illegible] this distressing habit, and it should persist, the best advice ~~we~~ can give the female is to abandon sexual intercourse until the Uterus has regained its healthy condition.

If this advice be contemned by the female, abortion will occur from time to time until her life is rendered miserable and her constitution destroyed.

An Inaugural Dissertation

on

Obstetrics

Submitted

for the examination of the Board of Regents

of

Faculty of Physic

of the

University of Maryland.

for the degree of Doctor of Medicine

by

William Hall

Indiana

Thérapeutique — En s'étendant sur les identification des maladies auxquelles nous sommes sujettes, nous reconnaissons qu'à donc le Saint Esprit et de nous avoir donné les moyens de maîtriser leurs effets désastreux.

L'intelligence, le magnum des dons qui est pour ainsi dire universelle dans son application, distingue l'homme du reste de toute autre être terrestre. C'est elle qui nous conduit le désir de toutes nos actions, et qui nous accoutument à observer les différents objets de la création, à ranger leurs relations, et à diriger leurs propriétés et sentiments à leurs profits et [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] d'activité, [illegible] [illegible] proprement peut être faites une machine

effective de progrès intellectuels. En un mot contemplant l'homme dans ses desseins de charité, ses découvertes dans la science, & ses vastes combinaisons pour sa race, il paraît être une brillante intelligence du ciel.

La médecine cette belle & noble science quand nous l'envisageons dès le commencement nous ne pouvons qu'être comblés d'admiration à ses progrès, divulgeant de jour en jour comme nous la voyons l'arcana de mystères que l'on croyait insolvable. Mais maintenant la propagation des mystères d'Esculape est regardée comme défectueuse.

La thérapeutique le sujet de ma présente thèse, a pour objet la préservation de la vie, le raccourcissement de la

maladie, & la restoration de la santé.
Nous savons que la majorité des
maladies demandent qu'un bien faible
traitement, elles sont susceptibles de
guérison par les puissances de la nature.
C'est à cause de cela que nous avons
un nombre infini de remèdes inefficaces,
ainsi qu'une foule de charlatans qui
sont nourris & soutenus exclusivement
par les préjudices du genre humain dans
leurs faveurs provenant de leurs inhabilités
de juger correctement de leurs mérites.
La moindre investigation de leurs
prétensions suffirait comme la dis
un génie pour chasser les hordes dans leurs bons,
& consigner leurs célébrités à l'oubli.
La concurrence de l'art & de la
nature est toujours utile & bien
souvent indispensable. Le quinquina

& les préparations de mercure qui sont considérés les remèdes les plus héroïques que nous possédons dans le materia medica sont impuissantes quand la nature ne répond pas à leurs actions. L'observation dans la médecine exige la perfection de nos sens & une esprit calme & attentif. Le médecin qui s'accoutume à bien observer peut sans autre aide savoir par la nature & la forme des maladies leurs tendences à plusieurs terminaisons, & peut conséquemment décider l'occasion qui demande un traitement actif pour opposer les accidents qui pourraient survenir, & en éloignant toute chose, qui pourrait empêcher le progrès de la maladie à une terminaison favorable. Ce n'est que par l'observation qu'

nous avons appris cette belle leçon
qui ne devrait être jamais perdue de
vue, qu'en fesant usage de médecines
actives que nous devrions toujours
commencer avec de petites doses, les
augmentant par degrés jusqu'à la
quantité nécessaire à la vigueur de
la constitution est découverte. Il y a
un nombre d'exemples de constitutions
sur lesquelles un quart & même une
dixième de ce qui n'affligerait pas une
personne agirait avec puissance sur
d'autres. Comme le système s'accomode
à l'action des médecines, nous ne
devrions jamais continuer une médecine
trop long-temps. Je même quand nous
nous apercevons qu'elle perd sa vertu, elle
devrait être remplacée par une autre de
la même classe & si nous jugeons

convenable après un court intervalle nous pouvons retourner à la médecine. En changeant ainsi de remèdes comme le système devient accoutumé à leurs actions, nous serons en même de guérir les maladies, qui autrement n'auraient point cédées. Nous avons une exemple de cela, dans les fièvres intermittentes, où après avoir essayé le quinquina en plusieurs fois sans effet, mais en le replaçant pour une solution d'arsénique une cure ensuit généralement. Pour cette raison nous ne devrions jamais faire usage de nos médecines sans contrainte, sans qu'il y ait une prédisposition morbide, cachée dans le système. En nous familiarisant de cette manière au médecine quand il n'y a point de nécessité nous nous trouverons bien

désappointés dans leurs effets quand nous en aurons besoin. Notre but dans le traitement des maladies, n'est pas seulement de combattre la maladie, mais il devait être aussi diriger soit à obvier ces maladies qui menacent les sains, ou en hâtant les fonctions dans le convalescent. Elles sont prophylactiques, ou indications préservatives, & aussi de la convalescence & de phénomènes consécutives des maladies. Par les indications préservatives je veux dire quand la maladie est héréditaire, une personne qui a été plus d'une fois affligée de la même maladie. Si elle est contagieuse ne quelques localités. Dans la convalescence les indications sont de rétablir graduellement la force du malade, par un régime convenable

& considérant avec beaucoup de soin, l'organe ~~affligé~~ digestive de l'affligé. Quand aux indications que nous tirons de phénomène consécutive que je viens de faire mention, nous ne devrions jamais perdre de vue le danger d'une rechute, & l'état de faiblesse dans laquelle la précédente maladie a laissé le malade. Dans les maladies aigues & chroniques nous devrions toujours faire emploi de l'hygiène, c'est à dire faire attention à l'appartement du malade, voir à ce qu'elle n'est pas trop petite afin d'éviter la détérioration de l'air. La température de la chambre doit être douce. Quant à la propreté, aux aliments, & aux boissons du malade la plus grande modération est indispensable. Pour finir ma [illegible]

dont le contenu est un peu minutieux,
je me bornerai de dire un mot ou deux
des expériences de la thérapeutique qui
ne sont pas aussi simples et faciles
comme beaucoup de personnes se
prêtent à croire — D'abord celui qui
veut expérimenter il faut qu'il sache
premièrement le pouvoir de la médecine
en question, et la mieux operandi. Il y a
peu et malheureusement bien peu pour
notre profession qui savent apprécier
les difficultés, et la grande circons-
pections qu'exige l'expérience afin
d'obtenir des résultats corrects — De
toutes les médecines exaltées pour guérir
les fièvres intermittentes, il n'y a que
le sulphate de quinine dont l'action
comme un fébrifuge est universellement
avoué le remède par excellence — Suivant

Ces quelques détails que je viens de jetter pêle-mêle sur le papier, nous nous apperçevons que la médecine tout en étant la plus belle des sciences est celle qui offre plus de difficultés, mais devant la perspective d'un si grand bien à faire, quels obstacles pourraient nous effrayer —

Votre Serv.
[illegible]

Victoire [illegible]

To the Faculty of Physic

Gentlemen.

It is with a degree of Modesty I venture my remarks and views of this Subject, to the consideration of your great and superior knowledge. But such is my feelings and respect for you as a Faculty that I willingly submit to all the rules of your regulations. In the discussion of this Subject, I trust there is an agreement in Substance and Meaning of my views, to those entertained by you as members of the Faculty of the University of Maryland. And also being convinced by your kindness towards profits of Medicine, that you are willing to make all allowance for the weak in graciously condescending to receive the Students mite. I now therefore avail myself of the honour to dedicate this essay upon Uterine Hemorrhage to your consideration. Indulging the hope that this feeble effort and labour of mind, will [illegible] your [illegible].

Your humble Servant

Feby 14th 1852.

[illegible] Ireland.

In our reflections upon this subject we consider it to be one of great importance. Demanding fully the attention of every practitioner, who offers himself to the public as an assistant in this branch of the profession. It is one with which every accoucheur may expect to be called upon even early in his profession to render assistance.

Taking this in consideration we have chosen it as the subject of our inaugural dissertation with the view of becoming better acquainted with its nature. We are aware that in all the deviations from the natural course of labour, there is none to which the medical man is called upon for assistance so trying and so painful, as that of flooding or in other words to see the lives of two beings in danger from the lost of blood.

It is trying from the sudden rest of its attack, the impossibility of waiting for assistance, the immediate danger

his patient is in and how swiftly it carries her beyond the mark of hope, or beyond the power of any [illegible].

How painful it is to witness the mother suffering the pang of death in her effort to give birth to that little being which so greatly adds to the happiness of a family. Again when he reflects upon the frequency of death as its result both to Mother and child. He can but feel when he sees the husband and his little children mourning the loss of a kind, affectionate wife and Mother. So painful is the scene that, one writer has observed "the very means nature uses to bring the child into the world is that by which the destroys both it and mother.

So great is the trial and so painful is its result, that we deem it a subject of great importance and one which demands our great attention. It is a case in which we have no time to lose, we can not wait for assistance, or information what to do. Our patient is in

immediate danger, speedy attention is required. What are we to do without a preparatory knowledge of it. Thus we see the necessity of having a knowledge of it beforehand, in order to meet each variety of the accident with appropriate treatment. And be enabled to preserve the degree of calmness and presence of mind which is so requisite under such circumstances.

Before entering particularly upon the subject itself, we will notice a few cases as related to us by our teacher in this branch of our study. Prof. Thomas" to whom we are greatly indebted for the light and information we received from his lectures upon uterine hemorrhage. Our object for noticing them is to prove with more force, what we endeavoured to do in our remarks. That is the necessity of having a preparatory knowledge of this alarming occurrence.

Case 1st. As related by Dr. Thomas. Dany 27th 1851. This day 2 yr ago I was called to assist a practitioner in a case where the patient had been

in labour two days, the flooding had been alarming. The practitioner believing that delivery in the early stage was the only hope he attempted to do so but failed in his attempt and sent for me. On my arrival he stated that on introducing his hand he passed by the placenta and carried his hand some distance up into the uterus, but not finding the feet as low as he expected, he became alarmed from the distance he had already introduced his arm and withdrew it believing some accident had happened, but honestly confessed that he did not know how far he had to introduce his arm to find the feet of the featus.

On my approaching her I found her nearly exhausted, almost pulseless. Symptoms very alarming, I used ergot but without any effect I had brandy freely administered to sustain her. But finding no time to lose I prepared my hand and arm introduced it into the vigina carrier it very far into the uterus found the feet of the featus, turned and brought

them down, expulsive pains came on, she was soon delivered of a dead featus. Every means requisite to promote tonic contraction of the uterus and support the powers of life were used, but ah! to no avail, she did not rally, the vital spark had flown to far, she breathed her last in one hour after delivery.

Case 2nd June, 1842. I was called to a young lady who was taken with severe hemorrhage in her 6th month. In my arrival I found her with a feeble pulse, faintness, cold breath, restlessness, and other alarming symptoms of hemorrhage. I immediately ruptured the membranes, the water flowed off, the organ began to contract, the hemorrhage ceased immediately. She was brought to bed and delivered of a living featus, but it did not live. The dame well.

Case 3rd June 1848. I was [illegible] in a great hurry to attend a German woman who was taken with violent [illegible]

Her husband came after me almost breathless exclaiming Doct, Doct, she is pouring out blood the chamber full. I went immediately and found what he stated to be correct. I placed her in the horizontal position, made an examination, found the vigina full of coagula the os rigid and covered by the placenta. I used the tampon, and remained by her, in a short time expulsive pains came on the tampon was expelled, the os yeilded, I introduced my hand searched for the feet found them, turned and delivered her. The hemorrhage ceased and she seemed to do tolerably well. I left her but returned in an hours time and finding that she had not rallied I made an examination and found that there continued a slight weeping, which with the great amount lost at first was sufficient to prostrate her. I used all the means in my power to sustain her, but to [illegible] the [illegible] in six hours after she was delivered.

Case 4th Jany 27th 1852 One Yr ago. I was called to see a patient with a practitioner who saw her before I did. She was taken with hemorrhage just previous to the time she expected to be confined. The doctor told me he had made an examination and found the os quite rigid, not much hemorrhage and he thought would progress favourably. I saw her two hours after he was called, the hemorrhage had ceased. But serious symptoms presented themselves. The uterine globe had enlarged, her pulse feeble, faintiness. I waited with her through the night. She rallied a little, but on setting up there was still faintiness. Soon the os began to dilate, the symptoms increased. Yet there was no blood externally. But the case grew alarming. I ruptured the membranes hoping on contractions of the uterus I applied the forceps and delivered her of a dead feet. The placenta followed and a large quantity of coagula were discharged. So pro-

were the loss of blood which was concealed in the uterus, that after all the means we could use to restore her, she died.

Case 5 11/12 It is recorded by one of the writers upon uterine hemorrhage. That a German woman late in her 8th month of utero gestation was standing over the wash tub washing. When she was suddenly taken with pain in the uterus and fainted. She was laid down and in a few minutes breathed her last.

It was found upon post mortem examination that there was a portion of the placenta detached from the uterus giving rise to ardent internal hemorrhage. A large coagula of blood was found, weighing about 1 1/4 lbs.

After these few preliminary remarks, we will proceed to speak of that which most practically concerns us. Although some very important lessons may be learned from the few cases we have related.

The pregnant female is subject to uterine hemorrhage from the first month of utero gestation to the period of labour. But we shall only consider those forms which present themselves to us under the head of flooding as we deem them to be of the most importance.

Those that occur just previous to or during labour and those which occur afterwards.

From the last two months of utero gestation to the commencement of labour, females are subject to two forms of hemorrhage, depending principally upon the situation of the [illegible] but differing in the cause which [illegible] them. They are divided into accidental and [illegible] able hemorrhage. The first [illegible] and accidental separation of the placenta from the uterus, but generally occupying its

usual situation — it may be at any part of the uterus except over the cervix. The second is where the placenta is partially or wholly over the os uteri which during the dilatation of the os will unavoidably separate the placenta from the uterus and consequently give rise to hemorrhage.

Again there is in the form of flooding which occurs after delivery arising from various causes and may be to any extent.

We will first notice the frequency and mortality resulting from such accidents and then proceed to take up each variety of them separately and as carefully as we are capable.

It is laid down from statistical tables that hemorrhage occurs about 1 in [illegible] cases and the loss of mothers in accidental and unavoidable 1 in every 3 and flooding after delivery 1 in 13 cases, the loss of children is said to be 1 in 4.

We may readily perceive from this that the prognosis is very grave.

We will first consider accidental hemorrhage, or that form where the placenta is in its ordinary situation or may be at any part of the uterus except the cervix, but is partially and accidentally separated from a portion of the uterine parietes consequently some of the vessels are lacerated and blood is poured out in more or less quantity. The loss of blood is said by some to depend upon the amount of separation. But there are cases where fatal hemorrhage may occur from a space not more than an inch square.

It is said in some rare cases that a portion of the placenta is detached from the centre and a cavity formed by the adherent placenta consequently none escapes externally and the cavity becomes filled with blood. Or it may extend beyond the placenta but be retained by the adhesion of the membranes. The danger in hemorrhage depends more upon the constitution of the patient and the effect produced upon the system than upon the quantity of blood [illegible]

Blood lost rapidly produces more effect, than where it oozes slowly. For we act upon this principal when we wish to produce syncope during an exection. The causes producing accidental hemorrhage are various and may be produced by anything causing a sudden determination of blood to the uterus, but sometimes occurs inexplainable. Females of a very relaxed fibre are predisposed to hemorrhage. But there are a great many accidental causes which give rise to it, such as falls, blows, violent shocks &c. Sudden emotion of the mind, joy, fright, or a sudden fit of laughing may produce it. Again fatigue, over exertion, violent straining at stool, lifting heavy weights, excessive action of the uterine vessels, general plethora, spasmodic action of the uterus all of which may be effective in producing hemorrhage. As it may occur without them.

The symptoms in such cases vary, the exciting cause may be instantly followed by a

sudden gush of blood, without any warning. Or again it may come on slowly, preceded by general and local uneasiness, shivering, giddiness, achieving about the loins, dull pain about the back and abdomen. Or if the hemorrhage be retained the patient sometimes has a rigour, or sense of chilliness, tension and weight about the abdomen, with feelings of syncope. Perhaps with or without a pain the hemorrhage begins to flow and in such small quantity as to compromise the patients safety, or it may be a sudden gush, very profuse, the patient falls into a state of syncope the discharge ceases for awhile, but as soon as she rallies, the flooding again occurs and she again faints. Her countenance then becomes sunken the surface blanched covered with a cold sweat, dark circles around her eyes the pulse becomes weak, quick and fluttering. If the hemorrhage still go on and is not checked, the symptoms increase, the vision becomes dim and lost,

the patient sighs, complains of ringing in the ears, great uneasiness, can't lie still very restless, the wrist becomes cold, pulse lost, finally fascitation and death preceded by syncope or convulsions. There is occasionally in some cases no external flow of blood, producing what is termed concealed hemorrhage, but it gives rise to a great many of the above named symptoms.

Sometimes during the discharge, labour pain may come on, or they may be absent, it depends principally upon the period of pregnancy. If they do come on during the pain the hemorrhage ceases, but returns again on the cessation of the pain. If an examination per vaginam be made the cervix uteri will generally be found softened and relaxed from the flow of blood, but scarcely will the os be dilated. Yet in most cases we can introduce the finger within the os far enough to ascertain the presence of the membranes and that we can not reach any part of the placenta, the remedy of which is of great

importance in our diagnosis from unavoidable hemorrhage. The diagnosis of accidental from unavoidable hemorrhage is of great importance and is distinguished by three principal points. First in accidental hemorrhage there is generally some external cause to account for it, and its occurrence is accidental and irregular. When in unavoidable hemorrhage the only exciting cause is expansion of the cervix and has a degree of regularity. Secondly in accidental hemorrhage during pain the discharge is arrested and during an interval there is a copious flow of blood. But in unavoidable the discharge is greatly increased during pain and continues to flow even during the intervals. Thirdly when you make an examination per vaginam, in accidental hemorrhage the Osuteri is merely closed by membranes and the thickness of the cervix is the same all round. When in unavoidable the O is more or less covered by the placenta or if it reaches only the cervix it is considerably thickened at that point.

On the treatment of accidental hemorrhage, we must draw our indications from the period of pregnancy, the state of the Uterus and amount of discharge. In taking up such considerations let us suppose we are called to a case, where our patient has not reached her full period, no labour pains, but a small quantity of discharge and the Os not dilated. What are we to do in such cases, must we endeavour to cause contractions of the uterus, to bring on labour, Certainly not, it is readily perceived that labour and delivery would be difficult. Our patient is not in immediate danger. It is our duty before we attempt to bring about this action to temporise the case and see how far the discharge can be arrested, and if possible by to proling the case to her full term of pregnancy then labour would come on of itself.

The practice usually adopted for arresting hemorrhage is as follows. If the patient is plethoric and circumstances demand it. Blood may be drawn from the arm and afterwards,

treated as in all other cases. First place your patient in a horizontal position, upon a hard bed, with her hips slightly elevated and the feet of the bed raised so as to make an incline plane. The room must be kept cool and quiet, not to much bed covering. She must not take anything but cold drinks. If the bowels is constipated give an enema of cold water, cold cloths dipped in vinegar must be applied to the abdomen and if the patient is subject to internal hemorrhage the lampon might be used, one or two silk band kerchiefs, or pieces of sponge introduced so as to fill the vigina. Internally we might give some refrigerant drinks, cold lemonade or what is better infusion of roses strongly acidulated with sulphuric acid. In ft. Rosae ℥ vi dilutus Sulph. Acid ℥ß dose ℥j every hour. Also if requisite V to X grs. acid [illegible] every [illegible] hours, sometimes combined with a little Opii. After this treatment strict attention must be paid to the patient in watching

that the does not get up and leave her bed, nor even allowed to sit up for some length of time. If her bowels should be much constipated give an enema of magnesia or something to move them without much effort to evacuate. She must not get up even to stool, the bed pan must be used.

In strictly observing such management, sometimes hemorrhage is arrested and the patient is allowed to go to her full term.

But let us suppose a case where the hemorrhage was very alarming from the commencement, where our treatment failed to relieve a case like the one just spoken of and that the patient feels the loss of blood very much. It is universally admitted that the membranes should be ruptured and labour brought on, the contractions of the uterus should be encouraged. This as soon as the brain increases and the organ contracts the flowing ceases and labour advances. If the case is not too alarming we should try to ascertain the presentation and of the [illegible]

did present, and the hemorrhage alarming it would be better to rupture the membranes even if it did render it a little more difficult to turn afterwards, because the advantage gained is more than the difficulty. Rupture of the membranes is recommended upon the ground that it is observed during a pain the flooding ceases, the reason is simple for during a pain the placenta is pressed against the contents of the uterus on one side and the bleeding vessels on the other, therefore they become closed and their caliber becomes also lessened. And by its pressure the flooding ceases, as by a tourniquet the flow of blood is arrested. This observation led to the inference that if the membranes were ruptured and the liquor Amii allowed to escape, the pressure would be increased the pains quickened and that labour would sooner terminate. Again the contractions of the uterus diminishes the size of the uterine vessels, they become plugged by the parietes of the uterus being brought in contact with that [illegible]

of the placenta disunited from the uterus.

Let us now suppose that after the rupture of the membranes uterine contractions did not follow we should use friction externally over the uterine globe and if the presentation be natural we should administer ergot, it seems to have a specific influence upon hemorrhage as well as upon the contractions of the uterus. Galvanism has also been employed in such cases, but it is not much used. If it is a shoulder presentation, or if this means should fail, our best means is to introduce the hand search for the feet, turn and deliver, which is greatly facilitated by the relaxation produced by flooding. Although the membranes had been ruptured and the waters drained off. Turning must be resorted to if the mothers safety demands it, although it is more dangerous to the child. It must not be deferred too long, for as we have seen in some of the cases related that it was our best means and our only hope.

There are cases to which we may be called, where alarming hemorrhage had continued for some length of time. And we may succeed in delivering our patient yet the loss of blood was so great as to cause death. In such cases after all other means fail and only those which are extreme.

It is recommended by some to resort to transfusion as our last resource.

It must be remembered that in this case and in all others where the powers of life begin to fail that they must be sustained by a liberal and judicious allowance of stimulants, brandy may be freely administered, it is one of our last stimulants under such circumstances. Amonia, Opii &c has been recommended and can be used if found requisite. In giving stimulants we must bear in mind that the subsequent reaction will be somewhat in proportion. In regard to the placenta if it is not expelled immediately after the child and hemorrhage continues it must be extracted and means used

to secure a firm contraction of the uterus.

Stimulants may be continued if necessary after the delivery, or good chicken broth may be substituted for them. They must be used with care so as not to suspend the uterine action.

Great care must be used to suppress any return of hemorrhage and guard against any subsequent attack, for it must be remembered that hemorrhage is not a guarantee against inflammation occurring afterwards.

We come now to speak of unavoidable hemorrhage, when the placenta is partially [illegible] over the Uterus. And from the dilatation of the [illegible] the connexion between the placenta and the uterus becomes separated necessarially giving rise to hemorrhage.

And as labour advances the greater the detachment the more profuse is the flooding. The cause of this form of flooding is as [illegible] been seen. It is the [illegible] of the [illegible]

from the os and the exposure of the mouths of the open vessels. The general symptoms and effect produced by this form of hemorrhage are very similar to those already described under accidental hemorrhage, only they are produced more rapidly and sooner terminate in death. In some cases of unavoidable hemorrhage, the first discharge is generally about three weeks before labour commences, it is not very profuse and without pain. It generally ceases after which the patient rallies but in a week or so it returns and perhaps a little more in quantity but again ceases, and sometimes if not interfered with will go on untill the full term. When labour comes on the uterus contracts, the flooding comes on and increases during each pain, getting more and more profuse and if not arrested death is the result even before delivery in most cases." There is a perfected some few cases where the placenta was [illegible]

through or with the child, which when it occurs is a happy result. Thus far the symptoms coincide. But upon examination per vaginam we find a difference. If the placenta be placed entirely over the os it seems to be closed by a thick soft spongy mass firmer than a clot, not giving away to the finger and through which we can not ascertain the presentation. When the placenta is only partially over the Sulcus the edge of this spongy mass can be felt with the remaining membranes, through which we may be able to detect the presentation.

The diagnosis between this and accidental hemorrhage has already been described, therefore we will proceed to notice the difference between the closure of the os by a clot or the placenta. When the clot presents it is less firm and easily broken up by the finger, but if the placenta presents this can not be done and we may feel its addition to the cervix uteri.

In considering the treatment to this form of flooding we must be governed by the frequency and severity of the case, the stage of pregnancy, it occurs, and the action of the uterus.

Suppose we are called to a case of the first or second hemorrhage and find the discharge very little, pregnancy not completed and no action of the uterus. What is best to be done under such circumstances. It is best to try the palliative treatment and if possible prolong labour to its full term. This is best done as previously recommended. If the patient is plethoric and require venesection, blood may drawn from the arm, place her in a horizontal position on a hard bed, with its foot-elevated hips raised, slight bed covering, quiet and cool room, cold and acid drinks, enema of cold water, if costiveness add a little magnesia, and if found requisite small doses of Acetate and Opii—. But suppose we have a case where the flooding was so great as to demand

interference, and upon examination we found the Osuteri so rigid as to prevent immediate termination of labour. What must be done. In conjunction with the palliative treatment the tampon should be used, several peices of sponge introduced and retained by a 'T' bandage, it is best to have strings attached to the sponge. If during this time our patient strength begin to fail, she must be strengthened and sustained by useing stimulants, give brandy untill its full effect is produced to save her life.
As soon as the Osuteri becomes sufficiently dilated, so as to pass the fingers through the os without any degree of resistance they must be introduced by a gentle, steady and rotary pressure. Our plan for terminating the labour under such circumstances is to rupture the membranes, turn and deliver. This is accomplished by passing the hand the usual way into the Vigina in the axis of the lower outlet and then change it into that of the brim so as to bring

the points of the fingers to the mouth of the uterus or sutori, through which they must be introduced in the manner described, then pass them between the placenta and the cervix on that side where the placenta seems to be most easily separated and proceed to introduce the hand by detaching the placenta from the uterus in a saw-like motion with the end of the fingers untill the membranes is found and then rupture them, search for the feet, turn and deliver.

If the placenta is retained it is advisable to extract it and carefully try to preserve permanent contraction of the uterus and avoid subsequent attacks. Pressure over the uterine globe, should be made with a compress and binder. If there be much draining apply cold cloths to the vulva and give cold enema.

A slight-weeping after severe hemorrhage is sufficient to cause death in the cases as may be observed in Fig. 3[illegible]

Sometimes there are cases where the feet presents which is very favourable. We have only to rupture the membranes and facilitate the descent of the feet. If demanded the featus is easily extracted and the labour completed. Some accoucheurs propose to perforate the placenta instead of the method we have just described. But it is very objectionable first that in attempting to perforate we are apt to detach the placenta more and add to the hemorrhage. Again after perforating the placenta the orifice may be to small to deliver the featus through it, which renders the case a great deal more complicated.

There is a new practice introduced by Dr Simpson recommending the entire detachment of the [illegible] and [illegible] [illegible] [illegible] [illegible] [illegible] against the bleeding vessels [illegible] [illegible]. But we must remember that nature does not act as well in such cases as when she separates it herself for such strong contractions of the uterus does not come on.

We come now to speak of hemorrhage after delivery of the child. In ordinary cases a certain amount of blood is lost, but this is not dangerous nor injurious and is not considered so untill it becomes so great as to make an impression upon the constitution and produce effect upon the pulse, Then it is considered flooding and demands attention. It is caused by the escape of blood from the mouths of the vessels exposed by the partial or entire separation of the placenta and closed by firm contraction of the uterus. This form of flooding occurs before or after the expulsion of the placenta and sometimes comes on secondarily after ten or twelve days after delivery from imprudence on part of the patient.

We will first consider hemorrhage after the delivery of the child before the expulsion of the placenta. In some woman there is a discharge of coagula and a moderate escape of blood, but in others it comes on, as it were of a sudden gush, producing [illegible]

restlessness, deep sighs, syncope, convulsions and if not arrested death. Under such circumstances we must excite contractions of the uterus and deliver the placenta. In the most favourable cases use friction over the uterine globe externally by repeated grasping and rubbing which often succeeds. If it should fail to produce contraction give ergot-gas × every half hour and if necessary apply cold with a shock to the abdomen, also ice to the parts, and in some cases pieces of ice may be introduced into the uterus and vagina. Sometimes cold applications will fail then apply warm, alternate them first cold and then warm which produces a powerful shock. If this treatment should fail in expelling the placenta it must be extracted if found within the os it must be pulled down by the cord, but if within the uterus carry the hand in guided by the cord to the placenta and if found loose grasp and manipulate

it. Grasp the uterine globe externally and at the same time irritate the walls of the uterus internally, and when contractions come on allow the organ to deliver the hand and placenta together. Never withdraw the hand before the contractions come on unless the uterus be left in an empty state. But suppose we found the placenta partly or firmly attached, under such circumstances gradually and cautiously detach it with the end of the fingers in a saw-like motion. Never use any violence to separate it. If the patient stomach is very irritable give a little opium and she is very weak give brandy.

Hemorrhage occurring after the expulsion of the placenta is the result of want of tonic contractions of the uterus. It is one of the most dangerous. It frequently comes on suddenly and very forefuse. Our indication here is to produce immediate and firm contraction of the uterus. To effect this our

patient must be placed in the position already described. Ergot should be administered and at the same time friction should be used over the abdomen with one hand and with the other suddenly apply cold cloths to the vulva. If this fail apply cold with a shoot over the abdomen by pouring cold water from a height; also the introduction of ice and alternation of heat and as already spoken of. The introduction of the hand and irritating the organ internally to produce contractions allowing the hand to expelled gradually is also a very good means. Galvanism and compression upon the aorta has also been recommended.

After the uterus has contracted the compress and binder should be used as a support to the organ and prevent recurrence.

If the patient is weak brandy may be used with great benefit;

We have confined ourselves to those forms of flooding which were made certain to us by the external flow of blood. But we will now speak of concealed hemorrhage or that form where there is no external flow of blood.

They occur before and after labour. Concealed hemorrhage before labour is caused by the detachment of a portion of the placenta from the uterus, but is retained within the cavity of the uterus by the adhesion of the membranes or a portion of the placenta as when separated in its centre and its edges remaining attached. Blood is poured out in this cavity in sufficient quantity to cause death sometimes a very slight amount proves fatal. The effects in this form of hemorrhage is the same as in the other form spoken of. The symptoms which lead us to suspect internal hemorrhage is enlarged abdomen, tightness and hardness over the uterine globe, with a pale countenance, feeble pulse, surface cold and faintness

When called to such a case the treatment is the same as in accidental hemorrhage. As soon as the head comes down if the case demands it deliver by the forceps and proceed to manage the case as already noticed. We have a proof of concealed hemorrhage in Cases No - 4 & 5 - If it be concealed hemorrhage after delivery the effect and symptoms are the same. It may be the result of a partial contraction of the os or the vagina and os may closed by a coagula of blood. In this case we give ergot to the coagula, excite contractions of the uterus deliver the placenta and manage as in flooding after delivery of the placenta, try to promote form and time contraction of the uterus. There is another form of concealed hemorrhage arising from the partial or hour glass contraction of the uterus by where the [illegible] near or about the centre leaving the fundus and cervix relaxed forming [illegible] In its contraction the placenta or coagula

may be enclosed in the upper chamber.

In this case it is necessary to promote dilatation of the contracted portion of the uterus. We should at first attempt to overcome the stricture by introducing the hand and gradually insert one finger at a time. But if it can not be overcome in this manner our best remedy is chloroform after its administration and effect relaxation generally takes place.

Then the hand must be introduced, the placenta detached and extracted & the coagula removed and the case treated as has been already recommended in promoting tonic contractions of the uterus and suppression of hemorrhage.

There is also cases upon record when the presence of a polypus or tumor in the uterus prevents its contractions and produces hemorrhage - When they are [illegible] exist, it is recommended that the morbid

growth should be removed and the flooding treated as in ordinary cases.

After imperfectly noticing the different forms of hemorrhage we have found them to be dangerous in their character. Thus the question arises "Are there any means by which we can prevent such dreadful accidents, particularly those hemorrhages which occur after the delivery of the fœtus. If we are summoned to a case, where we know our patient to be of a relaxed fibre and subject to flooding we should early in labour rupture the membranes and allow the water to escape thus empty the uterus of a large portion of its contents and allow it to contract.

But there are other rules which must be observed in this and in all cases of labour. During labour avoid to [illegible] delivery and expulsion of the fœtus and placenta conduct it so as to have a general delivery. Prevent bearing down efforts on [illegible]

the patient during pain, if the os is not dilated. When great pressure is made upon the perineum it must be gently resisted and prevent the head and shoulders from being too suddenly expelled. Allow the hips and lower extremities to be expelled by the uterine action. After delivery endeavour to promote and retain the tonic contractions of the uterus.

An

Inaugural Dissertation

on

Sympathy

Submitted for examination to the Provost,

Regents and Professors

of the

University of Maryland

For the Degree

of

Doctor of Medicine

By

Hanson Maurer Drach

of

Maryland

Anno Domini

MDCCCLII

To

Joseph Reby Esq.

These pages are

offered as a tribute of respect by the

Author.

Sympathy

The nervous system with its various phenomena, its diseases and their attendant symptoms, offers a wide and interesting field for our investigations.

The profound mystery which conceals its operations — the extensive derangements which occur when diseased — and the sympathy it manifests when other parts of the body are suffering, give a powerful interest to the study. Since a way has been opened up by several distinguished Physiologists of the present day, we may hope that in time a knowledge of this system, may prove quite as valuable to the judgement of the practitioner, in the diagnosis of disease, as its investigation now interest the speculative mind of the student.

One of the most interesting of the subjects

connected with this department of medical science, is the sympathy existing between parts unconnected by any continuity of tissue. When a minute portion of the body is affected by disease the whole system in many instances is made to feel its influence, and the functions of the various organs are deranged. Thus if the Alma, Peritoneum, or meninges of the brain become the seat of inflammation - the various secreting or secerning organs are secondarily perverted in function. This perversion occurs by what for want of a more definite term we denominate sympathy.

Inflammation even in a very remote part is sufficient in extent effects by this condition the whole system is seen by various alterations in secretion and assimilation. In the present dissertation it is my purpose to confine

the term to those affections, which can be traced to nervous connection. This condition is more readily seen as it exists between the great organs essential to life & the important secreting organs. Connected together by large and well defined nerves, it is readily seen how derangements of one, will influence in some measure the rest. This may be denominated an immediate nervous connection.

Again, portions of the body, though remote from each other, are connected through some nervous centre by what Physiologists term reflex action.

The afferent nerves bear from the seat of irritation or disease the influence to the nervous centre either in the brain or spinal [illegible] and is thence transmitted to the part or organ to be affected. [illegible] there are two modes

in which sympathy may be excited

As an interesting and instructive example of the former the relation of the Brain and Stomach may be cited. These two important organs being connected by the pneumogastric nerve, any transient or permanent affection of the one will produce a corresponding influence upon the other. If a violent blow be inflicted upon the cranium, the Stomach immediately gives evidence of its sympathy by an unwonted perturbation. Sir Astley Cooper the one of the first evidences of returning sensibility is the vomiting which occurs.

By this same nerve the brain is intimately connected with two other great organs essential to life — the lungs, and heart. Consequently an injury to the brain is followed by severe and alarming depression.

The symptoms evidently show great prostration — a want of action in the heart.

The surface becomes pale, cold and bloodless, and the pulse if perceptible at the wrist is extremely small and feeble. Between the stomach and heart likewise influences are readily exchanged. The functional derangements of the latter organ are frequently to be attributed to an altered condition of the stomach. The palpitations which are so often the most annoying attendants of Dyspepsia are nothing more than the sympathy transmitted by nervous agency from one organ to the other. That singular and anomalous disease, Dyspepsia, is accompanied by the most extended series of sympathetic disturbances.

The brain feels most certainly and powerfully the departure from a

natural, healthy state.

We have presented, almost every grade of mental hallucination. Dyspeptics are notoriously hypochondriacal. A painful degree of mental gloom and dispondency often overshadows their minds and existance becomes a blank in their darkened imaginations. The fancy will be active whilst the once mature judgment is clouded.

The victims of this Stygian disease puts a premium to the most curious and whimsical vagaries. In a mild degree he is gloomy and taciturn and occupied with his own feelings and afflictions to the entire exclusion of every other pursuit. Again he may imagine himself some inanimate object or he loses his personal identity.

From the grave functional disturbances manifested by the brain we would

naturally expect that some change had occurred in its intimate structure or that some lesion had taken place though removed from our ken. But treatment addressed to the stomach and digestive apparatus at once removes the alarming symptoms of cerebral disease. Thus plainly showing that the mental habitude and vagaries were the result of sympathetic irritation, causing functional disturbance.

There has recently come under my personal observation an illustrative example of the connection of the Brain with the stomach; and of irritation in the latter organ producing an extended series of derangements in the former.

The instance alluded to is that of a man affected with

occasional epileptic attacks. These seizures commenced at the age of about twenty years, and have recurred at intervals of about two years. They are preceded for several days by vague and [illegible] sensations referred to the Epigastrium. If warned by these premonitions he takes an emetic the unpleasant symptoms disappear, and the threatened attack is averted. This stomachic affection evidently results from the use of tobacco which the man consumes in inordinate quantities.

Allied to this portion of my subject is the phenomena of dreaming resulting from fullness and overdistention of the stomach. In that natural state in which there is both bodily health and mental ease dreams rarely occur. If however the stomach be distended with food the [illegible]

transmitted through the nervous connection arouses the imagination to activity; and whatever most occupied the thought during the day becomes the subject for the most ludicrous and whimsical vagaries. The occurrance of Somnambulism is an additional proof. The locomotive powers seem to be wonderfully increased and the Somnambulist will perform feats, which under any other circumstances would be considered impossable.

Upon investigating the cause of this singular condition, some marked derangement of the digestive apparatus is found to exist, and the propensity to night walking is rapidly cured as the healthy tone of the digestive function is restored. The presence of [illegible] in the [illegible] of children often occasion alarming convulsions; but by the timely

[illegible] the
child is restored from apparently
imminent death. The nervous system
of children is particularly susceptible
to any irritating influence. Time has
not blunted the sensitiveness to external
impressions but atmospheric vicissitudes
and irritating food have alike a marked
and powerful influence. In tender
chords vibrate to every impression, and
hence we have in them clearly and
well defined the sympathy existing between
suffering parts. If the functional derange-
ments of the stomach before spoken of
should by its nervous connection with
various organs be attended [illegible]
with such marked evidences [illegible]
it would naturally be [illegible] in
an inflammatory condition of this
viscus, these evidences would be
still more manifest. [illegible]

hallucinations and vagaries of the one are far surpassed by the wild and furious delirium of the other.

In no disease does there occur mental derangements of a more violent cast than in Delirium Tremens. The patient is haunted with the most grotesque and fantastic images, and often imagining himself driven by tormenting fiends he commits if unrestrained, acts of the greatest violence. Here also from the great functional alteration we might expect after death, to find structural changes in the nervous matter sufficient to account for it. But such is not the case.

The most extensive lesion is found in the Stomach. Though a great deal depends upon the stimulant which was withdrawn from the brain, and which was in some manner its support.

yet also, much no doubt depends upon the intensely inflamed condition of the mucous membrain of the Stomach.

The inflammation itself, would be sufficient to account for many of the phenomena of the disease.

It has already been stated that the Pneumogastric nerve not only connects the Stomach with the brain, but it forms also a close and well defined relation between this organ, the lungs and the heart. Hence the great depression which is always attendant upon Acute Gastritis. Inflammation of so important an organ as the Stomach we would suppose, to be accompanied with high febrile excitement; but the intimate sympathies between these organs seem to paralyze the powers of the heart, and hence the action, if there be any is quickly succeeded by marked depression.

When the Stomach is relieved by depletion the heart sympathies in its ameliorated condition and rises to its wonted tone and vigor. During the course of chronic gastritis the patient often refers to the thorax as the seat of certain vague and undefinable sensations. There is often a feeling of weight and oppression, and sometimes of positive pain. These no doubt result from sympathy and the functional disturbance thus created, if the cause be continued which first produced them, end in time in positive disease and in change of structure. In the latter stages of chronic visceritis the pulmonary affection becomes the most prominent and formidable symptoms. Connected immediately with the Stomach and under the control of

the same nervous agency are the intestines. Their diseases are followed by the same train of sympathetic disturbances, as we have seen to be produced by any change in the function or structure of the Stomach.
They are not so manifest however being farther removed from any intimate nervous relationship. As an example of their sympathies, may be mentioned the Epileptic attacks which so frequently result from intestinal disease, from the presence of parasitic animals or irritating ingesta. The efficacy of the Oleum Terebinthinae in this disorder is attributable not only to its poisonous influence upon parasites; but also to its peculiar alterative effect upon the mucous membrane. Thus removing or counteracting disease which has acted upon the sentient extremities of the

nerves, and then conveyed to the nervous centres - producing one of the most fearful and formidable diseases to which the human race is liable.

In the preceding pages the nervous connection between some of the important organs has been shown, and disease in the one being followed by more or less functional disturbance which sometimes results in positive change of structure in the other. The organs not diseased were supposed to be affected secondarily by the condition denominated sympathy. This can easily be seen where large and important nerves, and the connecting link. The disease is supposed to pass from one organ to another the same as sensation is conveyed from some distant part of the body, to the brain. If we acknowledge that some

remedies act upon the nervous extremeties in the stomach and are thence conveyed to the part upon which they exercise their power, can we not as readily and satisfactory conclude that disease may be conveyed in the same manner, and exercise its effects through the same medium?

The nerves are the channel through which all sensation is transmitted, and diseased conditions as well as remedies or poisons, may be thus transported from one part to another.

This opinion receives support from the fact that disease almost invariably results if the sympathetic disturbance be long continued or intense. The instances of this occurrence have already been adduced.

It was stated in the outset that sympathy not only resulted [illegible]

immediate nervous connection but also from what Physiologists denominate Reflex action. There are two classes of nerves through which it acts in the latter manner – the afferent and efferent. Sympathy may act in this manner between parts or organs which have no apparent connection, and which may be remote. The influence is transmitted along the afferent nerves to some centre in the spinal column – the efferent bear it to the part or organ to be influenced. Why after having arrived at the centre, it should be returned by the efferent to its proper seat is a mystery which we cannot solve. Nature has established bounds beyond which it is impossible for us to go; and we are compelled to receive the truth as it is without being able to answer the enquiry, why is it?

there are thirty two pairs of spinal nerves devoted to this particular function - the reflex action - The one class the afferent devoted to the conveyance of sensation - the other, the efferent devoted to the conveyance of volition.

Instances of sympathy being transmitted through these nerves may be given from the different parts and functions which they regulate.

The act of respiration is performed by a certain class of nerves derived from the cervical portion of the Spinal Column. This function of respiration may be suspended and organic life cease whilst animal life remains. Under these circumstances means may be resorted to which will restore the animal dead to life. These means involve the condition of [illegible] upon the [illegible]

sudden heat or cold - or the stimulus of Galvanism; will rouse the blunted sensibilities of the nerves, - the afferent will carry the impression to the centre - the efferent will bear the wonted influence and the act of respiration will be again performed. The same effect may be produced by the application of Ammonia to the nose or the injection of cold water into the ears. These impressions are conveyed sympathetically. The existance of sympathy between the external and internal surface is likewise shown in the convulsive character of the respiration when cold water is suddenly applied as in the shower bath. The effect is instantaneous - The impression upon the extremities of the sentient nerves is returned to the spinal centre - thence by reflex action to the organs of respiration.

In the same manner must we explain

the Modus Operandi of emolient fomentations, and cataplasms, when applied to the external surface of the body, in the treatment of intestinal diseases.

The great organ of reproduction is thus intimately connected with the surface. It sometimes happens in the progress of labor that the energy of the uterus flags and the pains become feeble and inefficient. If friction be made upon the abdominal surface or cold be suddenly applied alternating with heat, the desired effect is attained - the pains increase in force and frequency and the labor proceeds to a favorable termination. Very alarming hemorrhage often ensues after the birth of the child from the flaccidity and want of tone in the contractions of the uterus: In this case if the accoucheur can use the means spoken of which the uterus is inclined

sympathetically, the hemorrhage can in most instances be readily arrested.

The effect is produced by Reflex action. When the child is born a series of phenomena occur which illustrate in a more enlarged extent the sympathies of external parts with the great internal organs.

The body being introduced into a new and unaccustomed medium, the delicate and sensitive nerves are immediately acted upon. The sensation is conveyed to the Spinal Column and the child gasps for breath and cries from the intensity of the shock.

Connected with this in some measure seems to be the muscular sense. This has recently been added by Physiologists to the other senses from the difficulty of accounting for a certain series of phenomena. It is considered to be

the perception of certain influences without the medium of sight, smell touch or hearing. If a blind man be introduced into a room containing but a single person he has an immediate conciousness of his presence;— so acute does this faculty become from the absence of the rest.

If there be an impression of this kind how can it be received? If there be a person in a room an amount of air is displaced, and currents are established by inspiration and expiration.

May not the nerves so delicately attuned from the want of higher faculties, receive readily an impression of this kind, and convey it to the sensorium?

This influence upon the external surface is sympathetically conveyed to the brain and it is the cognizant of the impression.

There are numerous other sympathies connected with diseased structures, which from want of an apparent nervous connection, are omitted in the present dissertation. Such connection no doubt exists, but is removed from our view from the insufficiency of our knowledge of the nervous system.

Such are the pains in the shoulder, when the liver is affected, and in the knee and wrist when the hip joint and elbow are diseased.

We cannot understand why these pains are felt in the several positions; but they are sometimes valuable means of diagnosis.

There are also many rapid and indefinable sympathies connected with the nervous and spasmodic diseases which while they excite and interest us to their causes and effects, are lost

sufficiently clear and definite to be embodyied in an inaugural essay.

The whole operations of the nervous system are as yet only partially relieved from the obscurity which shrouded them. But the curious and intricate phenomena which are attendant upon its derangements whether great in extent or only partial, make the study of rare and curious interest.

Of all the conditions which accompany its various derangements there is no one, which will so well repay a study into its nature and causes as that which has been the subject of the present dissertation. Emphatically

A Clinical Report of Cases

submitted to the Provost, Regents, and Faculty

of the University of Maryland, for the degree of

Doctor of Medicine,

By

George C. Fernandis

Baltimore

Md.

Apoplexy

Wm. D. American by birth; fifty years of age; six feet in height; strong, muscular frame, without any tendency to corpulence; neck rather long than short. This man had been an inmate of Alms House for upwards of ten months, consequently, not a free liver; has always enjoyed good health; and never has at any time been intemperate; sheer laziness having reduced him to his present destitute condition. About two weeks previous to the attack of which I am presently to speak, he had ban on leave of absence to the city where he remained ten days; whether drinking to excess or not I cannot say, all that I do know is that he was sober on his return. Since this time up to the time a period of four days he had been complaining of headache, vertigo and drowsiness and appeared unusually dejected; his bowels had been constipated for which several purgatives had been administered without effect. With these circumstances I was made acquainted, when called to him on the

evening of the 11th August. I found him on the floor of his cell, perfectly insensible; face swollen and of a purplish cast; respiration laboured, loud, and stertorous; Eyes partially closed; mouth wide open, the right angle being considerably lower than the left; on touching the Edges of the lids, reflex action is excited; the pupils of both Eyes are dilated; the right more than left; neither is sensibly affected by light; pulse 55, full, strong, and regular. While feeling the pulse I first observed that the right arm was paralyzed, falling lifeless when I relinquished my hold of it; this led me to examine corresponding leg which was found in similar condition. No one had seen him when attacked, and Stertor first drew attendants to his cell. I examined his breath; there was no sign of Alcoholic drink upon it; there was no vestige of Opium in the room; no indication of injury on his head or person. With these facts and symptoms the diagnosis was easy.

The State of the pulse alone, indicated the necessity for blood-letting; and I consequently determined to employ it without any regard to quantity, but according to effect on the pulse. The median Cephalic of left arm was opened and ℥xviij of blood obtained. No appreciable effect on pulse being produced and the blood having ceased to flow, the corresponding vein in right arm was incised, but notwithstanding a free incision was made, not more than ℥ss followed. I immediately nicked the temporal artery, having first exposed it by an incision transverse to its course; the stream thus obtained was a good one, and I was determined that it should flow until a suitable impression was made on the circulation. With my finger on the pulse I carefully awaited any change in its beats and taking this precaution allowed the blood to flow for upwards of two hours, during which time, the pulse had gradually softened down and in frequency risen to 78 without the

intervention of any irregular action, indicative of that tumultuous excitement of the heart, which necessarily supervenes on the too free abstraction of its ~~proper~~ requisite stimulus. The quantity of blood obtained ℥ 110. Besides improvement in character of pulse, the face was less turgid and of a more natural colour; respiration less laborious and stertor diminished. The artery by division was allowed to retract and hemorrhage ceased. After closing the wound, as the head was unusually hot), cloths dipped in cold water were applied to the head, and renewed from time to time. An enema of turpentine was administered. Ol Tiglii gtt ij were placed on the tongue; and two sinapisms applied to the ancles. August 13th. Enema acted bringing away a large quantity of hard offensive matter; at a later period of the night, bowels were freely opened by purgative — This morning his condition is much improved; he can be easily roused; can articulate but indistinctly and very slowly; mind

however much confused; when spoken to passes
healthy arm across his brows, and stares vacantly
around before replying; his mouth is still
distorted but much less so than on last evening,
his tongue, protruded with difficulty is exceed-
ingly tremulous, and thickly coated; pupils
natural; pulse 120 small, soft, and regular, skin
hot but not very dry, head comfortable, yet
drowsiness still apparent, Hemiplegia still exists
but only partial as he is able to move the
leg with comparative ease; the arm however
is almost useless — Evacuates bladder naturally.

Sinapisms to be continued from time to time
to the extremities, Frictions with warm turpentine
to be made along the spine and over limbs
of paralyzed side, Same day 8. P.M. Complexion
natural; drowsiness entirely disappeared; articulates
more distinctly but still slowly; hesitating after
each word; complains of debility and from
the fact of blood on his shirt and bed thinks

his "nose must have been bleeding"; has no recollection of having seen me this morning. In other respects, condition as on my last visit. Bowels not having been opened during the day ordered grs viij each of Rhubarb and Aloes with 8grs Calomel, to be given at bed time. Sinapisms to be discontinued and limbs to be rubbed with the Linamentum Ammoniæ. August 13th Condition much the same; bowels were opened freely during the night and once again this morning; pulse 105 small, and compressible. Notwithstanding the State of acute Anæmia to which this man must have been reduced by such vigorous depletion (as paralysis still existed), it seemed advisable to subject him to a slight mercurial influence, both for its absorbent and resolvent-tonizing properties. Calomel in ½ gr doses combined with ½ that quantity of Opium was administered every two hours; on his legs the gums were affected and it was withheld, His

presented a fair specimen of acute anæmia, and was put on tonic treatment. In two months, he had entirely recovered the use of his limbs; his mouth however, when he smiles, is still sensibly affected.

The abstraction of so large an amount, at one bleeding may be censured — It may be said that the loss of one half, or even fourth the quantity might have been followed by a like favourable result; but this view can only be speculative. The patients condition such as described was anything but hopeful; this treatment was adopted and he recovered — whether this recovery was "propter hoc" or merely "post hoc" I am not to pronounce.

Thomas A. Enlisted hospital on the 2nd January 1852;
by trade a sign painter; thirty two years of age.
He has led a very dissipated life, which the
following sketch of a brief period will describe
as the most minute particle of the crystal is
a fair type of the whole; drunk for a week
preceding Christmas he awoke on that morning
in the watch House, with a faint recollection
of having been engaged in the healthy recreation
of pugilism, on the night before. Does not
know whether he received any external injury.
On that morning, he first experienced an itch-
-ing, burning sensation in the Scrotum, which on
Examination he found red and slightly swollen.
From this time to that of his entrance, he had
continued his dissolute habits; the symptoms
Enumerated had steadily increased, and his
Condition on Entrance was the following, Scro-
tum much distended and inflamed; in which

of a dark greenish yellow; its anterior surface surmounted by several bullæ, Each about the size of a half dime, filled with a dark reddish brown serum; its upper portion or neck was encircled by a red, Elevated line; while its lower part presented a conical, pointed appearance, where fluctuation was distinct; it was still moist the temperature however being below that of the neighbouring parts. These local signs left no room to doubt that Gangrene of the part had already taken place; and from the manner of its invasion, Erysipelas was undoubtedly the cause. In addition to these local signs, there was a very anxious expression of Countenance; a furred tongue; a small weak and fluttering pulse; dry skin and total loss of appetite. On opening the tumour at its depending it discharged about ℥vj of pus; very offensive and of a dark green colour; the parts having been cleansed with warm water; the

yeast cataplasm was applied and renewed as often as cleanliness required, After removing the pus, I could feel the testicles, at the upper region of the Scrotum, closely retracted & of natural size. I ordered the bowels to be opened by simple enema, and (as he had not slept for several nights) ℈j Compound powder of Ipecacuanha to be given at bed time. January 4th He slept well last night and feels much refreshed this morning; the bowels were opened by enema; the Sphacelated portion is separating, an ulcerated fissure appearing at its upper margin; the pulse is small and frequent; Skin hot and dry; tongue furred and total loss of appetite. I continued cataplasm, and allowed, three bottles of porter daily: generous diet and Quinia Sulphatis gri in solution four times a day and an opiate at bed time. January 5th, 6th, Condition much the same, Slough rapidly separating; appetite, appearance and pulse improving, Jan 7th.

Slough has separated to within half an inch which I clipped; the mass removed is very offensive, and comprises all the scrotum The testicles are lightly retracted and of natural size; The surface of the ulcer appears healthy; the granulations, small, numerous, and florid and bathed with a thick, creamy pus, His general appearance is about the same his appetite, pulse and strength improved, Continue Constitutional treatment; but substitute simple flax seed poultice for the preceding, From the time the amendment was gradual yet progressive The above tonic treatment was continued for a while; then gradually withdrawn on the improvement of his general health; The scrotum has been entirely renewed and if not so uniform and symetrical as its predecessor, answers equally well the purposes of nature, The removal occupied a space of only five weeks.

Gangrene of the Lung

Jane Phelps, negress, of very intemperate habits, aged 22 entered Hospital Jan. 16th. Being a washerwoman she had necessarily in the pursuit of her avocation, been exposed to the agency of cold and moisture. About ten days before her entrance, after a hard days work, she had been attacked with chill, soon followed by febrile reaction; a dull aching pain was soon experienced in the right breast and side, accompanied by dyspnoea and cough. She however continued to move about for several days, the disease still progressing till at last she was compelled to relinquish all active exertion. She expectorated copiously; from her description the sputa was evidently of prune-juice character. Up to the time of her admission she had had no medical attendance; at this period her condition was as follows; Excessive prostration, an anxious typhoid expression of countenance, respiration thirty in the minute; pulse 140 small weak and irregular; dyspnoea considerable, expectoration homogeneous; very copious; extremely

foetid, with the odour of putrid flesh; its surface in the cup covered with bubbles, giving it the appearance of yeast. There was dullness on percussion over the lower two thirds of the right lung, behind and at the side; resonance nearly normal elsewhere. Auscultation exhibited vesicular murmur Exaggerated over the middle of the left lung; also over the upper lobe of right lung anteriorly; while posteriorly, this murmur was modified by mucous râles posteriorly, this lobe appeared thus murmur was modified by mucous râles lower down, it was entirely lost, its place being occupied by mucous râles; the lower lobe developed amphoric respiration and gurgling. Tongue was coated with yellow fur; great prostration so great that she is incapable of raising herself in bed without assistance; breath and Expectoration so offensive that they can be perceived at any part of the room; and vomiting occurs from time to time, Excited by swallowing the offensive matter. Extremities were cold and nearly insensible. Ordered hot bricks to be applied

to her feet: flying blisters to the inner side of legs and arms, Ammoniæ Carb. ℥j: Spiritûs Vini Gallici ℥vj: S ℥ss every hour - Also the following; Creasoti mxij: Sodæ Clorinatæ Solutionis ℥ss: Aquæ et Syrupi āā ℥ij S. ℥ss every two hours.

Jan. 17th. She was fast sinking: pulse weaker and more frequent than on last Evening, and is scarcely perceptible at the wrist; dyspnœa Excessive from inability to Expectorate, Extremities Cold and almost insensible mind perfectly clear - I ordered Quantity of Stimulus to be increased and administered at shorter intervals; heat and flying blisters to be continued — She died at 7 o'clock P.M.

Post Mortem Appearances.

Right lung closely adherent to the diaphragm; bronchial tubes filled with matter similar to that expectorated; 2nd lobe hepatized and almost all the lowest involved in a cavity, into which bronchial tubes opened, filled with the offensive matter above described; the walls of this having the appearance of being imperfectly disorganized - These

appearances confirmed the diagnosis, before sufficiently plain; from the symptoms, of Gangrene Coming on in the Course of Pneumonia in a system depraved and debilitated by Excesses and imperfect nutrition

Confluent Small Pox.

Lippincot, a Sailor; 23 years of age; Stout and robust; had always enjoyed good health, until Seven weeks since when he contracted Syphilis, The chancre being of the non-indurated character readily yielded without mercury. He had been discharged, from the Hospital, cured, one week previous to the attack cited below, I was called to see him on Saturday January 16th. He was then complaining of violent pain in the back and limbs; he stated that a few hours previous he had experienced a decided chill, soon followed, by vomiting, and then decided febrile movement, This had come on without any premonitory Symptoms, while he was apparently

in the enjoyment of ordinary health; his respiration was hurried; eyes swollen and injected; skin hot and dry; tongue coated with whitish fur; thirst excessive and complete anorexia; pulse 120 full and tolerably strong. I knew that this patient had been exposed to small pox contagion, (several cases having occurred in the room where he slept) and consequently in consideration of this fact and the nature of the present symptoms (particularly the violence of the pain in his lumbar region, and constant vomiting) it was natural for me to suspect an attack of this disease. On examining his arm I found that he had been vaccinated, the mark of which was still very evident, this somewhat shook my ~~belief~~ suspicions but did not eradicate them. That the vomiting was purely nervous I had no doubt, the epigastrium being entirely free from tenderness; consequently as no cerebral symptoms contraindicated I ordered the following Pulv Opii gr ij; Hydrarg Chlo mitis; Potassæ Nitratis

āā ℈ss ʒ ℥o be taken at bed time; 17th. Slept some during the night, but feels no better this morning Bowels were opened once at a late period of the night - Symptoms however are exaggerated; pain in the back is excruciating and vomiting constant; pulse full, soft and compressible, Skin hot and dry: Ordered Sinapisms to epigastrium and Potassæ Citratis in form of effervescing draught ℥j every two hours - and iced lemonade to be given in small quantities, at short intervals, 18th Slept but little last night and this morning feels worse pain in the back increased; vomiting occurred several times yesterday evening but readily ceased after the application of Sinapism and administration of effervescing draught, Ord bowels to be opened by enema - Continue treatment Evening of Same day; the general symptoms much the same; face appears puffed and suffused vomiting has not recurred today; bowels were opened by enema - Continue treatment, substituting neutral

mixture for effervescing draught, 19th " Passed a tolerably comfortable night, pain in back having considerably moderated, and febrile Symptoms abated; pulse 110; skin hot and dry; thirst not so troublesome, Face is much more swollen and of a deeper red and feels rough to the touch, Continue Liqui Potassæ Citratis and refrigerant drinkes — Nourishment, Barley water; bowels to be opened by Enema at night if not previously moved 20th " Feels much better and is entirely free from pain; pulse rather frequent but good in other respects; Swelling in face and head much lessened The surface of this which if not smooth on yesterday was but slightly roughened is now distinctly papular; these little pimples are so closely studded that the eye can isolate them only on close inspection; Complains to day of Soreness of throat and difficulty of swallowing, the neck, arms and breast present the same flushed appearance as

the face did two days since, Continue expectorants and diaphoretics - and ordered ashmount gargle for his throat 21st; Symptoms much the same but soreness of throat increased; has also cough and pain in the side — I did not ausculate him — At certain points vesicles are appearing; febrile action still continues; his pulse not at all indicative of debility. 22nd. General symptoms much the same; soreness of throat and dyspnoea increased; the eruption over entire face vesicular Applied by means of a probe; Argenti Nitrat. grs x; Aqua ℥i — bowels to be opened by Enema, 23rd Eruption now fully out, in all portions of the body, exhibiting its different Stages of development - Throat improved after application of Nitrate of Silver - dyspnoea entirely removed - Old Remedies gargle - 24th, 25th The contents of vesicles are becoming opaque; the throat improved, General symptoms the same - pulse 108, feel in other respects

26th

On last evening secondary fever came on. His attendant says that he was delirious; this morning however is sane; his pulse 130, but not very weak, Thirst excessive, and tongue covered with yellowish fur - Neutral mixture and cooling drinks - bowels to be opened by Enemeta - 27th Face and body, one immense scab, fever has assumed a typhoid character, he now feels very weak; his tongue is dry, and pulse failing; Ordered 3 bottles of porter to be allowed daily - 1 gr of Sulphate of Quinia to be given ~~three~~ four times a day. From this time he rapidly sank, notwithstanding every exertion to stimulate him.

This man's pulse was comparatively good up to the 27th.

Here then is a case of small pox coming on in its most violent form, in an individual, previously vaccinated - which vaccine disease whether genuine or not, exerted no modifying influence, over its malignity.

Case of Chronic Diarrhoea dependent on Ulcers in the Rectum.

Patrick Gregan; a native of Ireland; aged 43; a common labourer; — Entered hospital on Oct. 2d labouring under a diarrhoea, which he stated had lasted two months. He had, previously to admission, been under medical treatment, but without deriving any benefit therefrom. He was much emaciated, very anaemic; and in fact nearly worn out by the continual drain and incessant calls to stool; his discharges were feculent and but little altered from the healthy condition and appearance, excepting in consistence, being quite fluid. He also complained after each stool of a dull deep-seated pain in fundament. Tonics were obviously and imperatively demanded in this case, consequently I gave Cinchonae Infusion ℥j three times a day, and a pill-containing 1 gr Nitrate of Silver, as often. Under this treatment he appeared to do well for a few days, but at the end of a week the disease was as harassing as ever. I finally, suspecting that the

rectum might be the seat of mischief, introduced my finger and immediately felt a small circular pit with an elevated margin. This being the case I introduced the Speculum ani, and discovered two ulcerations about the size of a dime; the one circular, the other irregular in form. I gently applied the Nitrate of Silver to their surfaces, (Every other day) and continued my first prescription. From this time she rapidly ~~recovered~~ convalesced, and at the expiration of two weeks was perfectly well.

Bennet, M., 40 years of age; uncommonly well made, active and vigorous; of late he had been drinking hard, which ended in his being sent to the Alms House. At the time of his entrance he evidently laboured under symptoms of Temulentia; but no derangement had, by proper measures, been warded off. He was still despondent and on several occasions spoke of being tired of life, but not in such terms as to excite any suspicion of his intention. On 27th August I was sent for to see him and on inquiry learned that he had cut his throat. I found him, apparently lifeless, in his cell, held ~~down~~ on his back by two men, as he had been struggling violently with them up to the moment of my entrance. I immediately had him raised to the semi erect position; his head inclined forwards and supported by an assistant, some convulsions followed this change, succeeded by a fit of coughing, which was attended by the

the expulsion of a large quantity of coagulated blood from the wound; after which he seemed in a measure to revive, I had now time to examine the wound which was truly frightful; it extended from near the angle of lower jaw on the left side, to about the same point on right. The knife which was a very dull one had been plunged in three times and made to cut its way across and out to the opposite side; no two incisions corresponding at point of entrance or exit; but appearing to pass through through a common central point, the thyreo-hyoid ligament, so narrowly had the carotids escaped, that I could distinctly feel the external of each side, beating at the edge of the wound. The thyroid cartilage was entirely severed from the hyoid bone, the epiglottis could not only be felt, but distinctly seen. Which the [illegible] was also [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

several times he attempted to speak, but the vocal sounds alone were audible, the larynx being separated from its modulatory apparatus, there was comparatively but slight hemorrhage which circumstance I attributed to the dullness and roughness, of knife employed; inflicting a wound of lacerated instead of incised character, I did not see even the smallest arterial jet, Treatment; as before stated, I had the patient immediately raised to the position described, which I deemed most favourable to the flow of blood externally; thereby obviating the probability of its flowing into the air passes - The oozing hemorrhage, was easily checked by sponging the part with cold water; care being taken that none should enter the larynx. After the sponging he revived considerably and in a short time rose to his feet. On asking him if he felt weak he shook his head in the negative, My idea was to close the wound partially that by so doing, the

the lateral portions, might, possibly, heal by first intention and thereby diminish the amount of suppuration inevitably to follow. To close such wounds entirely being impossible – To bring about even a partial coaptation of the lateral portions of the wound was impracticable, from loss of substance, I consequently could do nothing for him beyond checking the hemorrhage. At night I again saw him; breathing difficult and hurried; pulse 120, tolerably full and strong. Venesection ℥xvj – Morphiæ Sulphatis, gr iss, suspended in ℥ij mucilage, to be administered per rectum at bed time. Aug 25th, I learned that the patient had fallen into a doze shortly after the administration of the Enema, but had soon awakened by feelings of suffocation; and on being raised had coughed up through the wound, a thick tenaceous mucous, mingled with coagulated blood. His pulse is 115; skin hot and dry, tongue dry, red, and swollen; thirst intense. Had arms and hands

Sponged with cool water; tongue moistened at intervals with lemon juice and water; and bowels to be opened by saline enema - Evening of same day. Abovementioned treatment somewhat allays thirst; he has now become accustomed (as it were) to the wound; for by placing his head and neck in a certain position closing the aperture with his hand, he can pronounce some words with sufficient distinctness to be understood. He now complains much of soreness and pain in the throat and is almost asphyxiated by a tenacious secretion that collects in mouth and larynx. Throat is so much swollen that he cannot breathe if the wound be closed; breathing difficult; pulse 120; tolerably full and hard; Venesection ℥xvj - Continue sponging and small aperient enemata, when thirst is excessive, opiate at bed time, August 25th Slept tolerably well last night; throat feels far more comfortable; wound is now suppurating freely; pulse frequent, though good in other respects tongue not so dry nor thirst so urgent. I understand

to day to introduce the stomach tube, through the nose but notwithstanding all efforts to keep it against the posterior wall of the oesophagus, it coiled at the wound, this was for the purpose of giving him some nourishment as he had not taken any for three days. Having failed in accomplishing this, I ordered small injections of beef tea to be given from time to time. In this way he was nourished for ten days, at the end of which period he could manage to get a small quantity of liquid to pass the wound, some still however still gushing from it - These were the only means employed, venesection to allay inflammatory excitement sponging and aqueous fomenta to relieve heat of skin and thirst; injections of beef tea to support the system under so copious a suppuration and anodyne at night, the wound has now, after the lapse of five months, closed with the exception of a small fistulous opening, through which he drinks sometimes passes a small quantity - He speaks quite

distinctly, but while conversing, appears to be continually swallowing some rising annoyance, He tells me that often solid food has passed reached the posterior fauces, that then it will remain there, unless to use his own phraseology he "washes it down with fluids —

I have cited the above case, not from any idea of its practical importance — but as a remarkable instance, of Nature's resources; and to enforce the great truth; that while Endurance there is hope; that no practitioner should, as it is popularly called, "Give a patient up" and neglect doing what he can, because he thinks nothing will be of any avail — In cases apparently the most desperate, means apparently inadequate if judiciously applied and assiduously Employed cannot do harm, and may by intuning and aiding the development of the marvellous recuperative powers of the organism, lead to its restoration. "Nil 'desperandum' is the true motto of the profession."

An Inaugural Dissertation on Blood-letting

Submitted To the Examination Of the Provost, Regents And Faculty of Physic of the University of Maryland For the Degree of M D

By J.K. Fleming of Maryland.

An Essay on Bloodletting

Centuries have passed away, and generations have risen and fallen, like the great waves on the ocean. Yet science like the ever luminous Orbs, has kept pace with the march of time. The present century so far as it has elapsed, forms a brilliant Era in the history of medical science. In the wide range of twenty centuries which exact history claims as her own, we have and there may mark the recorded labours of great and distinguished men, which now shine most conspicuously on the pages of medical science, dissipating as it were the surrounding mist, and also showing to us that they adorned the ages in which they flourished. How often while pouring over the writings of ancient authors upon the different

subjects pertaining to medicine, are we
called upon to notice the imperfections
of earlier days as compared with
the wondrous progress that the med-
ical sciences have made during
the last thirty years. We are filled
with pleasure amounting to delight when
we see the comparative state of per-
fection which they have arrived at;
nor can we shut our eyes to the fa-
ct that the moral or clinical relations
of the profession have not been neg-
lected. Of recent years each Euro-
pean language has afforded at
least one contribution to medical
deontology and medical ethics;
and if in our own country, the
formal theory has attracted little
attention, the practice of the great
bulk of the profession has been in
accordance with the soundest teachings

No class of men — not even the clerical order — has exerted itself more disinterestedly and benevolently for the welfare of mankind, at home and abroad, than the Society of Friends. We find the severest toil, the most dangerous duties, undergone with a cheerfulness and alacrity which can only result from a deep inherent sense of the claims of suffering humanity upon medical skill. But in the consummation of my subject I must beg leave to be brief on the part of it which is merely introductory as well as many others which it must needs but touch at in passing along.

However there is no science in the known world which has given rise to so much research and thought as that of the most profound character as has the science of medicine.

And among the numerous subjects which have engaged the particular attention of Physicians there is no one which has been more handled no one more important no remedy so often called for and no one so ready to give relief in certain class of diseases as Bloodletting.

Not many years since indeed it was called by many a sheet anchor in all inflammatory diseases ——— and the most distinguished authority but at the present not so frequently used. It will be seen from this that I am not a drainer of the Sanguiferous system, but insist upon it and a knowledge of it in cases where it is necessary, the indications for its use, the honest pursuit, and the time to withhold it

An proposition in medical science is more certain than, and hardly any one is so practicably important, as that which regards the power of large and repeated bloodletting, to arrest the progress of inflammation in its early stages, before any great amount of destruction has taken place, and to cause many cases of it to terminate favourably by resolution, with such slight effusion only as is afterwards easily absorbed: which would otherwise have gone on to extensive and probably fatal disorganization. Indeed it has been stated and probably with truth in relation to healthy inflammation occurring in a sound constitution, and unattended with mechanical injury to the parts concerned that constitutions capable of having such in-

mmation rejected in them are capable
also of bearing the evacuation of the
of blood by which that inflammation
may be subdued.

Of all the direct
remedies Dr. Watson of inflammation,
the abstraction of bloods or blood
letting, as it is called, is by far the
most effectual, and important. And
in my estimation there is no remedy in
the whole class of therapeutical agents
on which the practitioner can rely
more in that class of diseases than
on bloodletting. An arterial bloodletting
is, of all our remedies the most powerful,
& employment therefore requires the
utmost consideration and precaution.
If we neglect this remedy in cases
in which it is indicated we allow
the disease to make a dangerous pro-
-gress. On the other hand, if we

employ it inadvertently and inappro-
-priately, we induce a dangerous state
of debility or exhaustion. It will there-
fore require much care to lay down
such rules as may guide us in
the use and efficient, but appropri-
-ate use of bloodletting.

Of the circum-
stances which require consideration in
the prescription or performance of
bloodletting, the principal I propose
to notice are as follows. Firstly, the
nature and stage of the disease;
secondly, the velocity and force of the
action of the heart: thirdly, the con-
dition of the pulse at the wrist:
fourthly, the appearance of the
blood: and fifthly, the effects upon
the patient, in arresting the symp-
toms, subduing the disease or in ind-
ucing syncope.

In regard to the repetition of the bloodletting the same circumstances must be considered in connection with the the actual state of the strength, the abstraction of the blood previously drawn &c.

The diseases which require bloodletting are so numerous that it would be superfluous for me to speak of them separately. they are chiefly inflammation diseases of the head, and some forms of fever. Of the first class it is marked, that inflammation of the serous membranes and of the substance of organs requires bloodletting more than inflammation of the mucous membranes. pneumonia hepatitis require general bleeding far more than bronchitis or dysentery.

And allow me to say that it is in these cases of acute inflammation that the young practitioner is called upon to exercise the most profound judgement, for if in a case where it is called for and that immediately he hesitates a very short time will suffice to turn the scale and his patient may be lost and perhaps his own reputation.

The second class or affections of the head consist either of inflammatory, Congestive or Organic diseases, as arachnitis, apoplexy, tumors; or of nervous affections or what may be termed affections of nervous irritability such as are observed from intestinal derangement exhaustion &c. Now the disease of the former of these subdivisions

requires the lancet, proportioned to their severity whereas in, delirium-tremens, the delirium traumaticum described by M. Dupuytren the detraction of blood requires great caution. Now as to the second proposition, Laennec assures us that the force of the beat of the heart under the stethoscope is an excellent criterion and guide for the use of the lancet. As this point does not appear to have excited further attention it will be especially proper to introduce the remarks of that eminent pathologist in this place.

In all cases in which the pulsation of the heart is proportionately more energetic than that of the arteries, we may bleed fearlessly and be certain of an improvement in the state of the pulse.

But if the heart

and the pulse be alike feeble, blood-letting will almost always precipitate the patient into a state of complete prostration. Consequently, I add, that the certainty and facility with which the Stethoscope affords or excludes the indications for blood-letting appears to be one of the greatest advantages conferred by that instrument

Now as to the pulse, the condition of the pulse is also one of those circumstances which greatly assist us in the administration of bloodletting. "But we are not by any means to be wholely directed by this." But that we may derive all the advantage possible from the pulse it must always be considered in conjunction with the disease. Thus in enteritis although an inflammatory disease the

pulse is small, and feeble, and would not to the misinformed suggest the propriety of the essential remedy bloodletting; in a certain stage of exhaustion from loss of blood. on the other hand, the pulse is bounding and strong; and the ignorant or incautious practitioner might be led by it to an improper and unsafe abstraction of blood.

Still the pulse, taken in this connection, is an important guide to us for the use of the lancet; a strength indicating; the pulse must contraindicating the abstraction of blood. As to the hardness of the pulse it is something our best warrant for the use of the lancet. Yet I say we must not trust to this alone, for a hard pulse may exist habitually where there is no inflammation.

. Certain Chronic diseased condition of the heart may occasion it; and it probably results also sometimes from some unnatural State, which is not inflammation of the Whole of the Circulating System. When we chance to know a patient, and have ascertained what kind of a pulse he has when he is well, and are previously aware that his pulse during health is not a hard one, we learn from that circumstance, that the new quality it has now acquired denotes the presence of inflammation. In many persons and young practitioners in particular are apt to look to the frequency of the pulse when they wish to ascertain the expediency of bloodletting; but rapidity of sequence is very subordinate in inflammation to its hardness; and we may add its Softness.

Some quickness of pulse taken singly
can never be regarded as positive in-
dication for the use of the Lancet, inas-
much as it occurs in diseases which
are highly remediable, and especially
where they are accompanied at the
same time with debility; and the
practitioner who expects under such
circumstances, to diminish the velocity
of the circulation, by bloodletting,
will find himself woefully mistaken.
In Scarlatina quickness of pulse
is one of the most marked symptom-
al phenomena and in the most malig-
nant cases that I most strikingly
witnessed. Yet bloodletting can rare-
ly be employed in such cases and
if it be, it will generally be found
that the quickness of pulse increa-
-sed rather than diminished.

During the flow of the blood itself great attention should be paid to the state of the pulse; if it grow large but low and stronger the necessity of taking blood is distinctly determined if on the contrary it become feeble the further flow of blood must be arrested

Therefore as the hardness of the pulse is, with certain exceptions at which I have just glanced our surest warrant for giving bleeding, so the disappearance of that hardness is a token that the bloodletting has been carried far enough

As to the fourth proposition: the appearance of the blood. A change in the blood as to appearance as it flows from the more livid to the less livid hue must also be considered, as indicating the propriety of allowing the blood to flow.

Much importance has been attached to the appearance of the buff upon the blood, as an indication for further use of bloodletting. This appearance, however if trusted to alone as a guide, is very apt to mislead the practitioner. It occurs in many cases besides inflammation, and especially in almost all puerpural diseases. A patient has been bled daily in puerpural mania, on account of the constant appearance of buff on the blood, and bled to death. Thus also might we continue to let blood in most cases of acute rheumatism thinking ourselves justified in this mode of practice by the sizy appearance of the blood. The same principle would lead us to imply the whole sanguineous system, for very time bloodletting

is repeated the blood becomes more and more dense and sizy.

Not only is buff induced by other causes than inflammation, but in some cases of inflammation it does not exist.

Formerly not many years ago indeed it was laid down as a rule of guidance by many, that bleedings in cases of internal inflammations, ought to be repeated as long as the blood drawn showed any appearance of the buff Coat; but this is a rule which is now properly abandoned. It is clear as it before stated, indeed, from the result of observation, that in some cases it would exhibit this character immediately before Syncope. But this buff is not perceptible in most of those internal inflammations only

d is met with in acute rheumatism, in the pregnant State, and in persons of great nervous excitability. In the first of these cases, there is no disorganizing inflammation present, - none that requires the same activity of treatment to preserve life, that pleurisy for example demands, and in the second, the buffy appears when the general is in perfect health, and for the boy, this is very important to remember. Perhaps however the most important of all to be borne in mind is the third, - that we observe it on the blood of persons of high nervous excitability even when no inflammatory condition is present, and when, on the other hand, the blood is watery, or in other words does not contain the small amount of fibrine and red globules.

But for a

of brine carried too far from the regular current of my subject on a single point I must now return to the fifth proposition viz- the effects of bleeding upon the patient, in arresting the symptoms, subduing the disease or in inducing syncope.

If pain for instance or any other symptom of inflammation remain unsubdued it is frequently right to continue the abstraction of blood. Now having diagnosed a case to be one of acute and dangerous inflammation, the remedy is bloodletting and when it is used at all it should be used freely, and so as to make a decided impression and its efficacy will be in proportion to the promptness as it is applied in the earlier stages of the inflammation

The objects of the abstraction of blood are two fold: to lessen the hearts action is one to empty the gorged capillaries of the part inflamed is the other. We effect the first of these objects or both of them at once it may be, with the lancet if not, the second may be accomplished by another mode of which I shall speak hereafter. The immediate effects of bloodletting on the system are readily appreciable. The impression is from the first one of sedation, and accordingly it is one of the sedative agents on which our main reliance is placed in disease of excitement. As the arrest of symptoms is one of our great guides in the use of the lancet some of them will be noticed in passing along as pain stupor &c. For instance if, whilst the strength is good stupor in apoplexy

or pain in pleuritis remain unmitigated the blood must be allowed to flow. When on the contrary, the disease or the symptoms are alleviated or removed we are frequently to arrest the flow of blood, and to watch the subsequent state of the patient and of the symptoms; to repeat the blood-letting, if the symptoms return and the strength of the patient remain good and "vice versa". But of all the criteria for the regulation of general blood letting, the effect of the detraction of blood upon the patient in inducing syncope, is in my opinion the most important. The principle of this criterion is only applicable in cases in which it has been previously judged right to recommend the full effects of blood-letting: but in such cases it appears to afford the precise measure to

which bloodletting should be carried.

The principle alluded to may be stated thus; some diseases make the system to bear a greater loss of blood than in health; others on the contrary, induce an unnatural susceptibility to the effects of loss of blood. These two points are severally established by placing the patient in the upright position, and letting blood from a moderate sized orifice, until incipient syncope be induced. The quantity of blood which flows during the power or the susceptibility of the patient in regard to the loss of blood. This effect is also accurately indicative of the quantity of blood which should be abstracted in order to subdue the disease.

I found

for instance, that in arachnitis

and apoplexy much blood flows before there is any symptoms of approaching syncope; it is also well known that it is necessary to abstract much blood in these diseases before the chain of morbid action can be broken. It is probably not so well known that these two facts are precisely commensurate with other so that to bleed to incipient syncope is to bleed precisely according to the exigencies of the case.

Pleurites and pneumonia not only require, but enable the patient to bear the abstraction of blood, bronchitis on the other hand neither requires nor bears much loss of blood. In any case, we place the patient upright and bleed to incipient syncope, we abstract just the quantity

of blood the patient will bear to loose, and which the disease requires to be withdrawn. Similar remarks apply to peritonitis, and what is termed mucoenteritis. In other cases there is a difficulty in the diagnosis, and there may be symptoms resembling arachnitis, pleurisy, peretonitis, without inflammation: such symptoms are apt to arise merely from a loaded and deranged state of the stomach or bowels. The intestines under similar circumstances, induce symptoms so closely allied to those of inflammation as scarcely to be distinguished from it. In such cases we may however safely place the patient erect and let blood to incipient syncope.

We are thus furnished with the measure of the remedy and the diagnosis of the disease

Having stated and explained the general principle it will remain to add that several precautions are required in carrying it into practice. We must not be deceived by that kind of faulting which occurs from timidity in regard to the more operative, and very often delicate remedy will be so repelled by the first sight of the phenomena it causes, and an altered state of pulse and countenance. We must not be misled by the state of things very early and very late in the disease. In the former case the disease has not advanced to inflammation when the symptoms; in the second it has led to such devastations of the power, as well as of the structure of the organ affected.

Although any and every form of

dyspepsia are among the diseases which neither bear nor require blood-letting. There are cases which may be benefited by the detraction of a small quantity of blood but in which full bloodletting would not be proper. Such are, some cases of haemoptysis, diabetes, and probably the Cholera. In regard to these, experience of the past alone can guide us in the future.

The next point to be determined is the repetition of blood-letting, the strength of the patient, the force of the symptoms the beat of the heart and of the pulse, must again aid us in our decision. But it is important to remark that if at the first bloodletting much blood flow before syncope is induced it must be received as a criterion

2 that the disease may require, as the patient will bear, the early and efficient repetition of the remedy.

Much has been said, in some systematic works of age, sex, temperament, habit of body, habit of life climate, and season as influencing the use of this remedy; but the fact is, that there is no age, no sex, temperament or habit of body; no description of human beings, and no climate or season, in which bloodletting may not, on certain occasions, be performed with advantage nay there is none in which its neglect may not be fatal. All that can be said - - - on those heads is chiefly important as pointing out the circumstances in which the indication or contra-indication already stated are chiefly to be expected.

but can hardly be said to establish new rules.

In early life there is certainly ground for caution - first, because much febrile action may be excited even by slight inflammation, and secondly, because young children are easily debilitated by repeated evacuations, perhaps especially of blood; and are apt to fall when so affected into the state described by Dr Gooch, Dr M. Hall and others, under the name of hydrencephaloid disease.

In very advanced life there is grounds for caution partly on account of the complication with affections of the system, which may very often be suspected even when it is not certainly known and partly because the powers by which the capillary circulation

is maintained, and the vital affinities by which the blood is applied to its various purposes in the economy, loose much of thier efficacy at this time, and the System, therefore has usually not the same power as previously of recovering from any debilitating Cause. In regard to sex, it is important to observe that in women, slight inflammatory attacks with severe pain, and often with much fever, or severe neuralgic attacks with threatening of inflammation in the Spinal Cord, in the sides of the Chest, and in the viscera of the Abdomen and pelvis, often occur and mislead young practitioners into the belief that violent internal inflammations exist when they do not. As to Climate, the most truly important observation seems to be that

hot climates the progress of febrile and inflammatory diseases at least on Europeans is accelerated, and the time when bloodletting can be useful of course proportionally circumscribed.

The sanguine temperament is that in which the greater intensity both of pain and of fever may be expected to attend a given amount of inflammation; and therefore when we have urgent general symptoms attending local inflammation in persons of a temperament removed from the sanguine (in the phlegmatic or melancholic) we have the more reason to suppose that the inflammation is intense; and if, at the same time, the early stage, that still blood letting is demanded.

"But of much more importance to observe the degree of strength of the patient as to habit than the treatment in judging of the extent to which bloodletting may be carried. The inhabitants of large towns, partly on account of their more sedentary life, partly of the impure air which they habitually breathe, partly of their less regular mode of life, their more frequent mental anxiety and irritation, are of feebler habits and do all the conditions as to repeated loss of blood ably to them more than to country people. There are indeed many of them, in comfortable circumstances and of regular habits, who bear bleeding perfectly well, but there is a class well described by Dr. Armstrong, always numerous in large towns, whose substance is

precarious their habits irregular, and often dissipated, who are exceedingly prone to inflammations, but have it in a form modified by these circumstances, and especially by the habitual use of strong liquors. In many of these full bloodletting will produce fits of delirium tremens; in others it affects variously the nervous system; and in all it must be rejected to depress the circulation more permanently than in better constitutions. In all such cases, one main resource is the early detection of inflammatory disease, and the early, and because early, moderate, and yet effectual, use of bloodletting. The quantity of blood which should be taken in a well mark'd case of inflammation, even in the early stage, should not be

prescribed beforehand, the only sure rule being to continue the loss of blood until either the pulse is affected, or giddiness and faintness are felt or the local symptoms are decidedly relieved. It is a remarkable circumstance, well worth attending to, and much insisted upon of late years, especially by Dr. Marshall Hall, that a patient under the influence of more inflammation will bear to lose a far greater quantity of blood without becoming faint, than he could bear to lose in health. That the state of the system produced by the progress of inflammation, protects it from the ordinary consequences of loss of blood. Bulling's statement, that for an adult previously in good health, anything

below twelve ounces is to be regard=
=ed as a small bleeding, and any
thing above sixteen ounces as a
large one, may be held as a fair
average. From strong full-blooded
men distinctly affected with inflam=
-mation, about twenty five to thir=
-ty five ounces may often be taken
with signally good effect. A
single bleeding even although
carried to syncope, is seldom
sufficient to control a well mark=
=ed internal inflammation.

The

question of the comparative use
-fulness of general and local bleed=
-ing in internal inflammation
is not easily decided, but fortunately
in each individual case of severity,
it is quite feasible to try both and to
guarded by the effects obtained.

Local blood-letting is chiefly applicable as an auxiliary to general blood-letting, and in local diseases in which general bleeding is not required. In cases of inflammation within the head, Chest or abdomen, after the due abstraction of blood generally, the local abstraction of blood is very often employed most opportunely. The second remedy secures the benefit which the first had conferred. In regard to the application of a large number of leeches in such cases a few words of caution are however necessary. The loss of the blood so withdrawn is not always well borne when the lancet has been used largely just before, and if applied late at night, the flow of blood is apt to continue

unheeded, until an undue quantity of blood is poured out.

Cupping is, generally speaking, a more efficient remedy than leeching. It is most appropriately applied to the nape of the neck, behind the ears, to the temples, to the various parts of the Chest, over the region of the liver, the Kidneys &c. To the softer parts of the Abdomen leeches must be applied. Both these remedies are peculiarly efficacious in cases in which the powers of the whole system have been subdued by general bloodletting, without the removal of the symptoms of the local disease. Only the quantity so withdrawn after the general bloodletting must not be too great.

17 In some chronic local affections, in which general bloodletting would be inadmissible, the local abstraction of blood by leeches or cupping becomes our chief remedy. Such cases are chronic inflammations within the head, chest, or abdomen; especially when this is fixed to one part or organ. Inflammatory pain long confined to one part of the head, or chest, chronic inflammation of the liver, kidney, uterus &c, are cases in which local bloodletting is the appropriate remedy.

It should not be omitted, perhaps that the application of leeches near the anus has been much recommended in France in order to effect what is supposed to be affected by hemorrhoidal discharges,

(viz. to unload the vena portae;
and to relieve the head or the liver.
This mode of local bloodletting is
also very beneficial in diarrhoea and
dysentery. Leeches have also been ap-
plied by means of an appropri-
ate metallic tube to the vagina or
to the os uteri, in cases of inflam-
mation of those parts.

These app-
ear to be appropriate cases for the
use of local bloodletting by
cupping and leeches. Scarification
is a mode of taking blood in a
few cases of local disease, as in
inflammation of the eye, of the
tonsils and in inflamed hemorr-
hoids.

And now in conclusion all-
ow me to say that I consider it
altogether useless to speak in

the last detail of the modes in which bloodletting, both general and local is accomplished, and as I wish to be brief, will consequently not recapitulate the many facts I have given in the course of my subject.

With this I take leave of my subject, if this brief and imperfect Essay, upon a subject in itself so important shall serve to excite an interest in the faculty sufficient to turn the regular current of their attention to its perusal, my desired effect will be accomplished. But to close this essay without rendering a tribute of respect and gratitude to the medical profession of the University, would be doing an injustice to my own

feelings, than injustice to them.

To their luminous instructions, replete with learning and inculcate with zeal, from their respective chairs, am I indebted for whatever Store of Knowledge I may possess in the Science of medicine.

May they Continue the Ornaments and great luminaries of their profession, diffusing light to every part of their Country, like the Sun: to the various planets which surround them.

Prof. Miltenberger will also receive my thanks for the instructions I received in the dissecting department, so ably conducted by himself.

Jenorious Kornbeth Fleming.
Baltimore February 16th 1852

A

Clinical Report of Six Cases,

submitted to the examination

of the

Provost Regents & Faculty of Physic

of the

University of Maryland,

for the degree of M. D.

respectfully dedicated

to

Profr Chew & Miltenberger

by

James M. Flint,

Baltimore County,

Maryland.

Gentlemen,

The communication of facts in Medical science which exhibits useful practical results, is found to be so generally advantageous; and more particularly so, when prompting is of decision in the treatment is required; that I have determined to present to the Faculty of the University of Maryland, a few cases which fell under my immediate notice, during my residence in the Balte Infirmary.

Most respectfully,

The Author.

Baltimore,

Feb'y 1852.

Typhoid Fever.

Ellen Mc Cabe, aet 18 yrs. native of Ireland, was admitted into the Hospital July 15th 1851. Previous health good.

Eight days previous her disease commenced with a decided chill followed by fever, has had epistaxis, ringing in the ears and vertigo: Before entering the Infirmary, was attended by a Physician who administered an aperient, since which time her evacuations have been frequent & copious. 17th Complains of tenderness over epigastrium. weakness and general uneasiness, head-ache, skin hot, face flushed, tongue coated with a whitish fur, unimpaired appetite - pulse 140, bowels moved 6 or 6 times a day, respiration 40. Auscultation, detects dry rales all over the chest - Bronchitis very abundant. Ordered, Cups between scapula - hair to be trimmed.

℞ Gum Acac ʒ ij

Bi Carb Sod ʒij

Vin Ipecac. ʒij

Aqua ʒviij ℞ table spoonful every hour.

July 18th Increased tenderness over epigastrium, abundant bronchitis. Pulse 136 – respiration 26. Sordes about the teeth, lips dry & cracked – rose-coloured spots over the chest and abdomen – skin hot – mind confused and wandering – very deaf – bowels not moved since yesterday morn.g

Ordered – ℞. Ol Ricini ʒij

Tinct Opii gtts v ℞ take at once.

Cups repeated between scapula, continue former treatment.

19th Bronchitis still very abundant, pulse 136 – respiration 20 – tongue very dry, brownish and rough, imparting a gritty feeling to the touch. Delirious all night; bowels loose, having five stools during night and three this morn.g Ordered – Hair to be thinned

still more and ice to scalp. Chalk mixture after each operation.

20th. Diarrhoea still continues, consequently is very weak. Pulse 140 – respiration continues at 20. Skin very dry and dusky – rose spots diminishing – in a low delirium. Ordered – vin Ant gtts x to be increased by gtts v until nausea is produced. Continue chalk mixture with Camph Tinc ℥ii after each operation. Head to be kept cool and body sponged with diluted vinegar.

21st Condition slightly improved. Diarrhoea not so urgent – less heat of skin and deafness – mind rather clearer. Pulse, not so rapid as yesterday – during night, feet & hands very cold. Bronchitis still existing. Ordered – Blister 4 by 6 in. over chest. Continue –

22nd. Slight diarrhoea still exists. Distressing attempts to vomit during night – expectorates tenacious sputa – pulse 120 – resp 22. Mind confused – restless, frequently changing

her position. Ordered - Comp Chlk Mixture &
Vin Ant to be stopped.
28th No evacuations since yesterday morn.
Cough bad - Mucous rales heard over
chest - pulse 124 - resp. 22.
Ordered - Vin Ant gtts V in each dose of Chlk
mixture until fever is reduced - after this
is accomplished, continue mixture without ant.
24th Condition similar. In a low, muttering delirium. Slept till about 12, when
she became very violent, requiring several
to hold her in bed - remained in this state
till 5 A.M. when she became composed.
But one operation since yesterday - pulse 124 -
resp. 22. Ordered - Blister back of neck -
continue other treatment.
25th Very delirious all night - This morn.
much prostrated. Pulse 135 - resp 28. Bowels
much worse. Ordered - Continue Chlk mixture.
26th Very much prostrated - skin hot & dry -
tongue imparting a sandy feeling to touch.

Low muttering delirium – a tendency to slide down the bed – picking at bed-clothes – pulse 134 – cough very troublesome.

Ordered – If bowels not moved by 6, give enema. Have surface sponged often, keep ice to head, also ℞. Acac ℥ss

Aqua ℥vij – Table spoonful every 2 hrs.

Died this morn^g. at 12 o'clock.

Autopsy – revealed ulceration of Peyers patches. Mesenteric glands enlarged, and mucous membrane of Ileum more or less softened.

Observations.

The disease in this case, as often happens, came on insidiously – complaining of an uncomfortable feeling throughout her system generally.

Diarrhoea. This is among the most frequent; and when taken in connection with the other

phenomena) one of the most characteristic symptoms of Typhoid Fever. Louis thinks it is a uniform symptom, but by observations whilst in the Hospital, and referring to Authors who have treated largely on the subject, I think I may say, although a frequent symptom, yet it is not a necessary accompaniment of the disease. Cathartics when administered, although given in much smaller doses, act more copiously than in any other form of fever. The diarrhoea is undoubtedly dependent upon Inflammation or Irritation of the mucous membrane of the smaller intestines.

Rose-coloured eruptions. This is a very frequent symptom, indeed so common, that it is often called Typhoid eruption. They consist of small spots slightly elevated above the surrounding skin — on pressure, they disappear; but return immediately on the removal of the pressure. They are

generally found most abundant upon the abdomen and chest - number varies.

Bronchitis, as in cases of this fever generally was very abundant - cough, attended with mucous expectoration - sonorous and sibilant rales were distinctly heard all over the chest.

Delirium - Is generally a symptom in this disease, frequently following severe head-ache - commonly of a low, muttering character, but in this case assumed a more active form, at times requiring several to hold her in bed.

Sleeves.

John Earl - aet 20 yrs - native of Ireland, has been eleven years in this country, occupation that of a laborer on the York road - previous to this summer his health was very good - latterly, bowels in a disordered state, two or three evacuations daily attended with tormina - a few days since the disease assumed a more aggravated form - attributes his sufferings to the use of Liquor, in which he freely indulged during the summer.

Sept. 17th Entered the Hospital this morn. condition as follows - severe pains in bowels with tenderness upon pressure - very little febrile excitement - nausea - great restlessness and mental anxiety.

℞ Ol Ricini ℥ss at once.

also ... ... Hyd Pil gr xvi

Pulv Opii gr ij

Pulv Ipecac gr iv ℞ ft Pilis viij

one every two hours.

18th Pain in the bowels and tenderness increased - paroxysms more frequent - violent pain in lumbar region - more febrile excitement - No effect on bowels from medicine administered -

Ordered - Cups to Lumbar region -

℞. Sub Mur Hyd gr x
Pulv Opii gr i
Pulv Ipecac gr i M and take at once. If bowels are not moved in 4 hrs. give Ol Ricini ℥ss - and if no operation in 2 hrs. give an Enema - This to be repeated every 2 hrs. until a free action on the bowels is produced. After this is effected, give Pills as ordered yesterday.

19th Condition much worse - inflammatory excitement apparent about the bowels which have not yet been moved. Pulse strong and bearing pressure - tongue coated -

skin, hot and dry. – Ordered, venesection at once – ℞ Sulph Mag^{a} ℥ij

Cal Mag^{a} ℥i

Syrup ℥ss

Mint Aqua q.s. ℞ table spoonful every hour. Twenty leeches to pubic region, hot fomentations over abdomen. ℞ Ol Terebinth ℥ss

Ol Ricini ℥ss

Mur Soda ℥i

Aqua oj to be used as an enema. In the even^{g} bled him again thirty two oz. before any effect was produced on the pulse – no evacuation from bowels – enemas returned as soon as given – violent paroxysms of pain. Pulse 100 and still firm. The leeches have not yet been applied – and – after they have drawn, if pulse indicates, re-open the vein in arm. ℞. Tobacco grs XV

Aqua ℥vi Steep the

tobacco ten minutes in the water, and use as an Enema - to be repeated at intervals of an hour if necessary.

20th Patient somewhat relieved. The leeching subdued the inflammatory excitement in a great degree, though it was thought necessary to repeat the bleeding - Enemas were retained longer - two or three hours refreshing sleep during the night.

℞. Ol Ricini ℥ss - If bowels are not moved in an hour, give warm water Enemas two successive hours, and if they fail to act, repeat the Tobacco Enemas two or three times if necessary. Warm fomentations over abdomen.

21st Oil and warm water Enemas failed to act - the second Tobacco enema produced a focal action on the bowels. Pulse 100 and much softer. Ordered - Salts & Senna every two hours till the bowels are moved that failing, resort to Enemas.

Rheumatism.

Mary Bolton, act 16 yrs, native of Ireland.
Has been two months in this country, dur-
ing which time, much exposed to the wea-
ther. At 10 yrs. of age, had Rheumatism.
Seven days ago, was taken with severe
chill - This was followed by high fever
and general soreness of body - The suc-
ceeding day, had severe pain in right
arm and knees, which were much swolled.
In a few days, the pain shifted from the
right to the left arm. When quite a
child, had Pertussis - since which time
has been troubled more or less with
cough - the last 3 weeks much more trou-
blesome - occasionally expectorating bloody
phlegm. Ever since she recollects, has
had shortness of breath. Took some bit
before entering the Hospital, which acted pur.
Oct. 23d. Presented the following symptoms.
Pulse 120, but not very firm - skin hot -

tongue furred - pain in knees, wrist and shoulders, accompanied with swelling - pains shifting about -

Ordered - ℞ Sub mur Hyd grs x

Pulv Ipecac et Opii grs x M take at once.

followed by Black Draft and Vin Colchicum gtts xxx ter die.

24th Condition the same - treatment continued.

25th Do. Do.

26th Pain in back very severe. - Ordered - free cupping between scapula.

27th Condition improved - much relief from cupping - pain less severe. Bowels well moved this morn. Ordered - Cal. to be discontinued

29th Condition daily improving.

Novr. 5th Rheumatic affection much diminished - walking about the house.

10th Cured and discharged.

Observations.

Points of attention in this case. A native of Ireland, but lately arrived - Emigrants to

this country and especially those from Ireland, are exceedingly liable to some form of disease. The voyage favours the liability to disease, especially that, from which this patient suffered.

Some constitutions are peculiarly disposed to Rheumatic affections, on exposure to cold, and notice that this girl had rheumatism at 10 yrs of age - is now 16, and again seized with this form of disease. This case is interesting from the fact that it does not present any Cardiac complications, which is very apt to occur when persons are attacked between the ages of 7 to 16.

Another point worthy of notice, is the shifting character of the pains, and great disposition of the disease to attack the joints.

The plan of treatment pursued, is generally known as "Chambers treatment", and succeeded well.

Dysentery.

Anna Manning, act 22 yrs, native of Ireland entered the Baltic Infirmary Augt. 28th has been 12 mo. in this country, during that time employed as chamber-maid. A strong, robust woman - previous health excellent, excepting an occasional pain about the region of the left hip, and the appearance of a tender lump in the left side of abdomen. Up to the 20th inst. was perfectly well - diarrhoea then commenced, though she did not give up work till the 27th - when well marked symptoms of Dysentery displayed themselves. Frequent bloody and slimy stools - great pain over abdomen with much tenderness on pressure & tenesmus. Pulse 100 - unpleasant taste in mouth.

Augt. 29th Discharges consist almost entirely of blood. Ordered venesection.

℞ Ol Ricini ℥i
Gum Acacia ʒij

Sach alba ʒi

Aqua ʒviij M. Table spoonful every two hours, until fecal evacuations are produced.

30th Bled as ordered ʒviij and nearly all the emulsion given fecal stools were produced. Pil Hydrarg & Dovers Powders a a xv grs were also administered. Ordered -

℞ Ext Pil grs xviij

Ipecac Pulv grs iij

Gum Opii grs iij M ft vi Pil.

one every 2 hrs. till diarrhoea is checked.

31st Had an uncomfortable night - from 10 to 15 stools - bloody discharges increased, attended with much straining, but less tormina. Pulse 100 - sick stomach.

Ordered - to discontinue powders applied mustard over abdomen. ℞ Ol Ricini ʒfs

Tinct Opii gtts xv M. after this has operated, resume the Powders as ordered yesterday.

31st Slight improvement visible - slept pretty well. The application of mush and mustard poultices after cupping greatly relieved the pain and tenderness. The Ol Ricini & Laudanum caused a good faecal stool, but on administering the Powders to check Diarrhoea, the bloody discharges returned with their accustomed tenesmus, but less frequency. Pulse 100 and rather feeble - nausea and uncomfortable sensation in bowels -

℞ Ol Ricini ℥ss

Tinct Opii gtts v at once

also

Tinct Opii gtts x

Vin Ipecac gtts v after each action.

Sept 1st Oil administered yesterday was vomited immediately - when the stomach became quiet another dose was given with gtts x Tinct Opii which was also returned - Evacuations for a short time more faecal in their character, but soon assumed a bloody & slimy

mucous appearance - restless night - some 15 stools. Pulse, feeble and irregular - about 130 - great weakness - nausea, with occasional emesis of a greenish liquid.

Rx. Acet Pb grs xviij

Gum Opii gr 1 ss

Rino Pulv ʒi M ft Pulv VI

take one every three hours - also, enemas of Acet Pb grs x Tinct Opii gtts x Starch ʒss to be given after each operation.

2nd Medicine administered yesterday slightly checked the number of stools, though much altered in character - no blood or slime, but liquid and dark. Pulse, exceedingly weak and irregular - complains of spasmodic pains in abdomen - great desire for food. Treatment slightly varied, adding VI grs Pil Hydrarg ~~to~~ in the powders. Should the bowels become more irritable, change the enemas to Nit Argent grs V Starch ʒss to be given every 4 hours.

3d. Remedies given have exerted a salutary influence — but three evacuations during night and these of a faecal character. Enemas were not changed, the first producing the desired effect — no tormina, tenesmus or tenderness on pressure over abdomen. Pulse still weak and irregular — much prostrated — great desire for nourishment. Ordered — a little chicken water — continue the treatment of yesterday.

4th. Condition improved, but as the chicken water apparently increased the evacuations, it was discontinued — and arrow-root in small quantities used as nourishment. Stools this morn. half serum and half blood — their frequency checked by the powders and enemas — same treatment continued.

5th. Evacuations less frequent. Pulse 105 — firmer and more regular — still very weak but free from pain — is slightly salivated. Ord — to omit the enemas in powders, and

continue same treatment with that exception.

10th Mouth very sore - sub maxillary glands tender on pressure - Ordered -

℞ Gum Acac ℥ij

Ol Terebin ℥ij

Aqua ℥VI M use as mouth wash.

15th Mouth much improved. Only four evacuations in 24 hrs. - faecal, yet quite fluidless pain and tenderness over abdomen.

Pulse 96 and much firmer.

24th Not so well owing to imprudence in eating. Ordered - nit Argent enemas, and strict attention to diet.

Octr 1st Daily improving, but still labouring under general debility.

15th Dismissed cured.

Apoplexy.

James Savage, aet 55 - of North Carolina, a man of stout and broad frame - plethoric habit - neck, medium length - no hereditary tendency to this disease - habits temperate - previous health good with the exception of Hemorrhoids, to which he has been subject for several years.

The attack occurred Sepr. 6th. and was followed by paralysis of the left side - soon after, was treated by blood-letting, active purgatives - and was slightly ptyalized. He had not been subject to vertigo.

Octr. 25th. Admitted - condition as follows. Memory impaired - loss of motion in left arm - mouth drawn slightly to left side, but no inclination of the tongue when protruded. Pupils unaffected - sensibility diminished - appetite very good. Pulse 80 and feeble. Ordered - Pil Hydr grs iij mom^s and night - and

purgative injections at once.

26th. Condition about same - mouth very sore. Ord. Pil. Hydr to be stopped, and take Joded Potash grs v ter die.

27th. Much worse - great stupor - slight conjunctivitis of right eye - resp. slow. Ordered. Blister, back of neck, sinapisms to feet and purgative enemas.

28th. General condition improved. Blister drew well - mind more composed - bowels well moved. Ord. Joded Potash to be continued; also, enemas if necessary.

29th. Improved. Slept well - bowels freely moved. Pulse 64. Treatment continued

30th. This morn. in a stupor - stertorous breathing and speechless. Ordered. sinapisms to feet.

31st. Condition nearly the same - surface covered with clammy sweat.

Nov. 1st. Condition of yesterday continued all night - this morn. died.

Autopsy - revealed a clot of blood near the optic thalami on the right side, imbedded in softened cerebrial matter.

Observations.

The facts worthy of notice in this case are the patient's age, physical appearance and habits. Apoplexy more frequently attacks individuals between 40 and 55 yrs. of age, although it may occur at any period of life.

Physical appearance. There is not that attention paid to this peculiarity as formerly. It was supposed that persons with a short neck and sanguineous temperament were doomed victims of this disease, but careful research and observation has proved that many of an opposite temperament prove equally fatal.

Habits. Sedentary habits with high living have been supposed to cause a predisposition to the disease by producing

plethora. They undoubtedly favour its development.

Apoplexy is certainly a hereditary disease, yet may occur in any one who lives high and indulges in intemperate habits. This patient stated he had been temperate - a declaration, which may necessarily be doubted. Previous health excellent - this is usual with those seized with this malady. His attack was accompanied with Hemiplegia, which frequently occurs - apoplexy being often coexistent with some form of Paralysis. Had never had a previous attack - It is a remarkable fact that one attack of this disease generally predisposes to another. Has not been subject to vertigo - It has been observed that persons subject to this affection, are frequently the victims of Apoplexy or Palsy. The pupils of the eyes were

unaffected. This is an unusual circumstance, as in paralysis the pupil of the affected side is frequently contracted.

* Another interesting fact in relation to Palsy, is, the occurrence of the Paralysis opposite the [illegible] in which the cause of the affection exists.

Palsy, arising from lesions of the brain is almost universal — a few exceptional cases are on record, but their accuracy is much questioned. This fact is so well established, that it may be laid down as a rule. Dr. Wood thus explains it. "It is ascribed to the decussation of the cerebral fibres in the Medulla oblongata; the anterior pyramids changing sides as they pass out of the cranium."

Ascites.

Benjamin Clarke, aet 69 - of Maryland - habits, pretty good - has had intermittent fever - never suffered from Rheumatism. Five months since, first felt uneasiness in abdomen, which has continued ever since, at times increasing in severity. Two months ago, being exposed, contracted a cough, which has troubled him constantly - a few days since was again exposed and got his feet wet - shortly afterward discovered his abdomen was swollen.

June 10th. Entered the house in following condition - abdomen much distended with water - difficulty in breathing - bowels rather loose. Pulse 88 - resp. 24. Ordered. warm bath - Rx Pulv Ipecac et Opii grs xxxij
Potass Nit ℈ij M

ft Pulv viij - one every 4 hours.

11th. Condition the same. We tested his

urine, but discovered no albumen.

Ordered Cream tartar drink

℞ Pulv Foxglove gr ½
Pulv Scilla gr i
Pil Rud gr ij ℞ ter die.

19th. Condition about the same - kidneys freely acted on, but does not appear to lessen the quantity of fluid in abdomen - bowels moved every day. Gums being sore, ordered the Blue Mass to be stopped.

22nd The patient rapidly sinking - suffering with great dyspnoea - almost pulseless - abdomen very tense. Ord. stimulants.

23rd Died at 4 A.M.

Autopsy - revealed a large amount of fluid in abdomen, the exciting cause of Ascites - a cancer of the stomach.

J.J.N.J.S.

An

Inaugural Dissertation

on

Menstruation.

Submitted to an examination

on the

Provost & Regents

of the

Faculty of Physic

of the

University of Maryland.

By

R. S. Seiss

for the

Degree of Doctor of Medicine.

1852.

Gentlemen [illegible]

[illegible]

[illegible]

ation must deposit with the Dean of the Faculty a Thesis, before he can obtain the degree [illegible] select [illegible] a few remarks, which [illegible] your approbation. But before I commence to pen down any considerations upon this subject, I would [illegible] preliminary for your consideration, viz. that I make no particular pretentions towards originality; because all that I understand in reference to the term, I have obtained from higher and more experienced authority. Moreover I might compare the three years [illegible] study, to a few moments in comparison to such a field [illegible] will trust to the [illegible] of [illegible] ulty of the University [illegible]

pose to it [illegible] but not the [illegible] were sympathizing with me in [illegible] an imperfectly considered subject.

By the term menstruation or menses, that function of the female economy by which a certain amount of [illegible] fluid is eliminated by the uterus, and discharged from the vagina every month. In consequence of its occuring every month at regular intervals it is called the menses or Catamenia.

But in reference to the cause of this monthly flow, I am utterly unable to give any reason of its regular periodical recurrence; nor [illegible] physiologist from the time of [illegible] to the present day, have been able to arrive at [illegible] satisfactory conclusion [illegible] to the cause of this periodical function. But notwithstanding hereafter some medical doctor may [illegible]

a secret which yet lies hidden or enveloped in the bosom of the Deity.

The speculations upon the causes of this function are many, [illegible] attributing them to general, not [illegible] etc. But if it could be referable to any such causes as these, or to lunar influences as some have thought it to depend, there would be a sort of universal [illegible], [illegible] at some or other women [illegible] menstruating every day. [illegible] cannot [illegible] any such influences as these; but we do not, (or at least I do not) know, why the catamenia occur at monthly periods; therefore I will not in this place pretend to enumerate the theories, [illegible] to explain the different causes of menstruation, it is enough for me to say, that it is one instance of the periodicity which characterizes the function of the female sexual system which I shall notice again [illegible]

[illegible] is the extent to which the ovaries are concerned in menstruation, I believe. By some [illegible] the uterus [illegible] organ [illegible], but I believe that the menses are dependant upon the ovaries, as time has shown. Indeed there are certain facts which cannot be denied, and which lead to an admission that there is a certain influences exerted upon menstruation by these organs; because it is well known that they participate in the congestion which is observed in the uterus at the monthly periods, again "when the ovaries have been [illegible] ide or diseased, or when one was congenitally absent and the other [illegible] retion of the menses ceased altogether". Moreover "when the uterus is absent and the ovaries present the menstrual molimin and other sexual [illegible] are [illegible], but when the ovaries [illegible]

treation was altogether prevented".

We may conclude from these considera-
ations that the ovaries evidently furnish
the stimulus upon which the function
depends, although the uterus is the seat
and its lining membrane the agent in
the process.

The time when the catamenia makes its
first appearance is usually between the
thirteenth and sixteenth year. It is said
to appear earlier in warm climates than
in cold. The mental and bodily habits
of the individual have [illegible] considera-
ble [illegible] upon the time of its occur-
ence; girls brought up in the midst of
luxury and sensual [illegible]
go this change [illegible] than those [illegible]
are reared up in hardihood and self den-
ial.

The changes in which puberty consists
are for the most part connected with the

development of this function with the excitation of the reproductive system. During the development of this function the external and internal organs of generation undergo a considerable change and increase of size, the mamary glands enlarge, and a deposition of adipose matter takes place in the mamae and on the pubes, as well as over the [illegible] surface of the body, giving to the female that [illegible] and feelings which is so attractive to the opposite sex at the approaching womanhood.

Whilst in the progress of these changes the catamenia [illegible] take [illegible] appearance, and is a [illegible] that the period of puberty [illegible] these changes are not [illegible] much longer, and its [illegible] any means to be regarded as a [illegible] the want of aptitude for procreation, since many women have borne large families

without ever having menstruated.

The duration of each menstrual period varies from three to six days [illegible] gen. [illegible] quantity [illegible] [illegible] [illegible] four [illegible] eight ounces, varying according to the temperament and constitution of the individual, although very difficult to determine with any kind of precision. The first amount of this fluid is discharged [illegible] and gradually. [illegible] as [illegible] complete [illegible] this secretion [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] over [illegible] and without [illegible], [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible].

The duration of the menstrual function from its first appearance to its cessation, is [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] somewhat [illegible] [illegible] [illegible] [illegible]

[illegible]. A woman is capable of [illegible] only during this period which usually lasts to the age of forty-five or fifty.

In warm climates females are said to be capable of becoming mothers at the age of nine to eleven and ceasing to bear children at the age of thirty to thirty-five; while in cold climates as Lapland and other northern climes do not commence to menstruate until about twenty or twenty-five, and continue until sixty and so far even as seventy years of age capable of impregnation.

The period of its cessation is called by women the "time or turn of life", this period is preceded by occasional irregularity and interruption. It is usually looked upon as a critical period by those who are the subjects of it, from the supposition of being more liable to serious attacks and the mortality being much greater. But according to researches which are recorded have shown

that the mortality at this period of female life is not greater than among males at the same age.

The symptoms which precede and accompany this discharge, or more especially the first menstruation, are very slight in some cases while in others they are well marked. There is generally a degree of languor and lassitude, fatigue after exertion, inequality of spirits, a dark shade under the the eyes, headache, pain in the back and sometimes in the thyroid gland, a sense of weight and aching in the pelvis and down the thighs etc; there is occasionally a slight attack of fever.

So soon as the discharge comes on, or takes place most of these symptoms disappear and the female only complains of weakness and exhibits pallor of countenance.

But all those symptoms may pass off and twice without the appearance of this

of this flow, or with a white discharge only.

The coloter of this discharge at times presents, or at least the first menstruation, a right appearance growing deeper at each catamenial period; the skin is said to exhale a peculiar odour during the flow of the menses, and in conjunction with the other symptoms the appetite is diminished and often capricious, and occasionally there are sympathetic pains felt in the breasts, and in reality there are some women whose mammary glands secrete milk after each menstrual period.

The amount of suffering differs, as I have already stated, in different individuals, and it may be noticed too, that the first menstruation is not necessarily a type of the subsequent periods; but the more perfectly the function is performed the [illegible]

The effects of this function, when it becomes fully developed, upon the body and

minds of a young girl are very striking. Of the effects of this function upon the body I have already spoken, but in reference to the mental changes it is remarkable the pursuits of girlhood are exchanged for more womanly interests, and a more exquisite perception of her position and relations which results in higher enjoyments vailed by a more delicate modesty. These changes are undoubtedly very rapid, and doubtless fit the individual for the more perfect fulment of the duties about to be devolved upon her.

The uterus and its appendages during menstruation, or the catamenial flow is thought, which is no doubt true, that it presents a more decided appearance of congestion, and its lining membrane of a deeper red and covered with menstrual fluid. The neck of the womb does not participate so actively in the increased vascularity, and its lining membrane [illegible] scarcely [illegible]

tered in colour, so that the os uteri internum is marked by the lining membrane of the body; on making an examination per vaginam we find the cervix softer and somewhat swollen and the os tinca more open than at other times.

By some it has been thought that the final cause of menstruation is to get rid of the surplus blood employed during gestation in nourishing the foetus which in the unimpregnated state might be injurious, and by being discharged prepares the uterus for impregnation and conception, this in my opinion is an erroneous idea that such a vivicated fluid as the menstrual secretion was ever intended for the nourishment of the foetus in utero, moreover it has never been proven that there is any surplus blood when the female is at [illegible]

Conception appears seldom or never to take place previous to menstruation or or puberty,

and that it does not occur in those who [illegible] menstruate or after the cessation of the catamenial flow, whether this be true or not I am not capable of deciding; nevertheless calculations seem to show that conception takes place more readily soon after the menstrual flow. This has been the received opinion, and for aught I know is the true one. But there are still some objections to this rule because there are cases upon record of females becoming pregnant without ever having menstruated. There are also accounts given of females who never menstruate only during pregnancy, it is not uncommon for women to conceive during lactation or immediately on weaning before the catamenia appear, this is not a rare occurrence.

There is no doubt but menstruation is [illegible] the relief of a certain condition of the organs of generation which occurs periodically

and this condition is a preparation not for menstruation but for conception, if we can take it as a preparation for anything, because we find congestion of the uterus and ovaries with certain changes in the Graafian vesicles occurring at menstrual periods analogous to a certain extent with those which take place at and immediately after conception, the difference being that if the fecundating stimulus be not applied the vesicle bursts and the contents are lost.

"This function is regarded by many as being analogous to the "heat" of animals, and there is no doubt but there is some similarity in the condition of the organs during this period, but conception in animals takes place during the heat and not after it."

It still does not appear evident that menstruation is an essential preparation for conception; and it may be as correct to

regard it as the ordinary termination of a series which had another object and would have terminated differently had not the proper stimulus been wanting.

Now whether this be as Dr. Dewees declares I am unable to decide, "whether it be connected with the capacity of impregnation" or not. But, notwithstanding the various opinions given in regard to this function, I can say nothing more ~~[illegible]~~ than I have said in the commencement of this essay, that it is beyond the sagacity of the human mind to arrive at any definite conclusion in relation to this mysterious function of the human body which is so fearfully and wonderfully constituted, although perhaps there has never been a theory or doctrine promulgated which did not clear away some old cities, or bring to fuller view some of the relations it presumed to elucidate. Far be it that [illegible] has always wandered in idle quest and never brought

back any substantial trophies from the regions of physiological speculation on this point. The human mind is constantly verging towards [illegible] although it may probably never reach it in relation to the essential nature of this function.

An
Inaugural Dissertation
on
Dysentery
Submitted to the examination
of the
Provost Regents & Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Thomas T. Foyle Owings
of
Howard County
Maryland

1852

Dysentery

Of the many Diseases and Maladies with which the human system is afflicted, those of the abdomen hold a prominent place. More particularly those affecting the mucous coat of the alimentary canal.

We have chosen for the subject of our remarks, that form of disease known as, Mucous Diarrhea, or Dysentery, which occurring as it sometimes does as an epidemic in the low and marshy places of our country, and more particularly in warm climates shows nearly as large a table of mortality as any disease.

That old writers certainly entertained a different opinion about the nature of the disease to that which is now held is evident by their mode of treatment.

And even in this our day the opinions and treatment of the disease as held and practised by different schools, are so varied that a correct view of its causes and treatment seems only the more obscured by the ordinary studies of a Medical Student.

Writers agree that cold, wet, improper diet, indulgence in spiritous drinks, and malaria, may all produce the disease. Each one of these causes seems to have its particular advocate, all of whom produce cogent reasons for their theories. One of the less astute and profound class are willing to believe them all, and after generalizing their arguments, offer to our patients perhaps a better chance of life than any particular one of them. Such then being our opinion we will be excused from entering at large upon all the dogmas and theories which have been held and written upon the matter.

the rather confining ourselves to that course which to our minds seems most entitled to pre=sent belief.

In the first place then I propose to give a short history of the causes which incite the disease, and the predispositions which certain constitutions have for it. Its effects upon the health, its symptoms, and the treatment which it requires.

As it usually prevails in the latter summer months and during the autumn we are inclined to give some evidence to the influence of malaria, as an exciting cause. But setting aside this point we know that exposures to extremes of heat and cold may at any season produce it, As is also the case at all seasons when there has been too free use of stimulants or too great indulgence in indigestible food. On the other hand we find it sometimes at-

-tacking those persons who are extremely rigid in their observance of dietetic rules, and who inhabit a region free from all malarious diseases. We have then but to conclude that a certain class of patients are so much predisposed to this affection that it only requires some slight exciting cause to arouse the disease in all its violence.

We know that plethoric habits as an established fact are more predisposed to inflammatory diseases and vice versa. We might then infer that where all external causes are absent that in some cases dysentery occurs as a natural cause of this condition. That is where the animal mechanism is overtaxed with too great effort in its attempt to carry on its proper functions. Then, in this very effort there is no particular portion of the system more subject to ready excitement and consequent

inflamation than the mucous membrane of the intestines. And when this condition does supervene upon any imprudence we may have dysentery rapidly appearing and going on in such cases with great violence.

Upon the other hand we discover the disease attacking that class of persons who are anemic and greatly debilitated. This may be accounted for by recollecting that just in proportion to the want of proper tone in the system, particularly the stomach and bowels so the more are they liable to inflamation from the presence of foreign exciting matter in them or from exposure to sudden vicissitudes of temperature.

Having devoted as much space to the subject of the cause giving rise to the disease as our short dissertation will permit, we will next give the symptoms commonly present in this Disease.

Dysentery consists in an inflammation of the mucous membrane of the large intestines more directly of the descending colon & rectum In acute cases the pain is severe but is subject to frequent intermissions, it is generally felt along the course of the colon & in the hypogastrium. The patient worried by a constant sensation of uneasiness is perpetually on the night chair, straining violently to rid himself of the irritation The discharges are sometimes of a jelly like character unaccompanied by blood, when it is called Dysenteria Alba, But more frequently accompanied by blood, when it known as Bloody flux.

The prominent symptoms of dysentery are frequent mucous or blood stools with severe griping pains of the abdomen, almost constant straining, tenesmus and uneasy sensations about the anus. Frequently

tenderness upon pressure of the abdomen is present, and where the disease assumes the chronic form pus is discharged from the bowels. Sometimes is ushered in by a sense of lassitude and sea, disagreeable taste in the mouth, loss of appetite alternating with smart fever, dry skin, pain in the bowels, sometimes costiveness and vice versa.

The fever generally preceeds the proper dysenteric symptoms. It may be distinguished from diarrhea by the alvine evacuations there being but little fecal matter discharged in dysentery and that only in small hard lumps called Scybala. In diarrhea the evacuations are wholy fecal. There is seldom that straining and tenesmus that is so prominent in dysentery.

The morbid appearances detected in the common cases of dysentery are inflamation and thickening of the mu-

=cous membrane of the Colon and Rectum, [illegible]
=ally in protracted cases ulceration of the large
intestines. It is this ulceration which causes the
greater part of the difficulty in the treatment
of this disease,

The ulcerations of the large intestines are com
monly most numerous in the cæcum and up=
=per part of the colon. The ileo-cæcal valve has
in some cases been found entirely destroyed by
the ulcerations. The right portion of the omen
=tum is not unfrequently found adhering to
the cæcum; and this morbid attachment gives
rise to symptoms which may be mistaken
for hepatic abscess. Sometimes in the whole
course of the colon we will only find eight
or ten deep ulcerations with sloughing
thick abrupt raised edges, surrounded by
a thickened base into which sinuses and
underminding cavities are seen to penetrate.
These appearances Mr Fanning states have

have reminded him of the four ulcerations at the centre of a small carbuncle. He has seen patients die with only one of these ulcers in the colon

The last three or four inches of the ileum is generally studded with superficial ulcerations and have a rough appearance from the enlarged follicles and glandular bodies. With this exception we rarely meet with any traces of disease in the small intestines in persons who die of dysentery Excepting in those cases in which the dysenteric symptoms occur towards the termination of protracted fevers.

In some cases Dr Fowling has observed the cecum and lower portion of the ascending colon to be nearly covered with a thick layer of coagulable lymph deposited beneath the peritoneal coat and extending a considerable distance along the ileacus muscle in

some cases an unusual amount of fat is found at the same part mixed with lymph. In other cases when the disease has been more protracted the whole of the great intestines are contracted in diameter resembling a cord, their mucous coat being at the same time covered with numerous small ulcers. In such cases also the internal surface of the cecum and of four or five inches of the colon will now and then be of a livid hue inclining to brown, having a fleshy appearance as if from a growth of granulations. When death takes place after protracted suffering from dysentery, we often find the cellular structure at the root of the mesentery and mesocolon and across the bodies of the lower lumbar vertebra deprived of its usual elasticity, and pliability, and to a certain degree indurated and in many cases entirely devoid of fat. This change is probably the result of a previous

inflamation at this part giving rise to an ex=
=udation of coagulable lymph into the inter
stices of the cellular substance.

In speaking of the treatment of dysentery
we might easily fill a number of sheets in
giving a account of the many and varied forms
of treatment recommended and practised by
different authors. But we stated in the outset
our intention to be to give what we considered
the best opinion after a careful review of all
the late authors. Carrying out this intention
then we shall merely give such treatment
as we deem most suitable to meet the demands
of that form of Dysentery seen most fre=
quently among us

This disease as it occurs in our country
ought seldom to be and when early re=
course to medical treatment is had is sel=
=dom a fatal disease. Indeed in many cases
the patients will recover without the aid of

medical art where strict attention to Diet and regimen is enforced. On the other hand where it is allowed to run on and assume the chronic form it is one of the most distressful diseases we have to treat

There are generally two great functions to be attended to in the treatment of this disease, namely the functions of the Skin and of the Liver. These most often demand our attention, when we restore them to their natural and normal conditions we have accomplished the more difficult part of our treatment

As high vascular excitement is incompatible with the natural and regular performance of the above mentioned functions and particularly as it tends to keep up and augment the intestinal inflamation the first thing to be done is to moderate this excitement by ven. Sec. when it is intense or by cupping or leeching where it is not so great

But there are many cases in which the febrile disturbance is so slight as not to require bloodletting, and in other cases the disease taking on a typhoid character bleeding is then inadmissible and injurious. After we have subdued the vascular excitement we must turn our attention to the other indications necessary to restore the functions of the skin and liver. To bring about a diaphoretic influence in the skin and at the same time relieve the engorged liver. To do this some writers have recommended that we bring the patient under the influence of mercury, but unless the attack be quite severe we think this unnessary. One of the best combinations for this purpose and one from which we have often seen beneficial effects is blue mass and Dovus Powder of each ℥ß gr in pills every third or fourth hour followed in

in six or eight hours [illegible] if there has been no diarrhœa, with hot fomentations to the abdomen, and after the more acute symptoms have subsided some good astringent as the acetate of lead.

Some have recommended the use of purgatives in the treatment, but they have it seems to us a tendency to increase the irritability of the intestinal canal rather than to diminish it. The application of blisters recommended by some in the acute form of the disease is inadmissible, though they become very useful adjuncts in the later stage or chronic form. Others have recommended the employment of Ipecacuanha in the early part of the complaint as an emetic and as a purgative to unload the intestines

Injections of laudanum have been recommended to allay the tormina or tenesmus which sometimes is very annoying also an ointment of Acetate of Lead ʒss with ʒiss of lard, or a solution of the same ʒj to ℥viij of lepid water all of which are considered good for that purpose

Great caution is necessary in regard to the nature of the food and drinks to be allowed the patient, not only during the existance of the disease but during convalescence. It is important that the colon be kept as free as possible during inflamation only moderate quantities of the mildest diluents must be allowed. no solid food of any kind is admissible

In the chronic form of the disease the treatment is very similar to that of chronic Diarrhea. Leeches or cups applied to the abdomen are frequently beneficial

The warm bath and hot fomentations ~~are~~ to the abdomen are often of service in restoring the secretions of the skin to its natural and healthy action. Small doses of Blue Mass and Hyoscyamus with Ipecacuanha repeated every three or four hours with a dose of Dover's Powder at night will also tend to restore the skin to its healthy action. Numerous other modes of treatment are offered, as the use of Nitrate of Silver injections, minute doses of Sulphate of Copper, frictions, hip baths &c

On

Signs of Pregnancy

by

R. Minter Jordan.

An

Inaugural Essay

Submitted for the Examination

of the Provost, Regents, & Faculty of Physic

of

The University of Maryland

for

the Degree of Doctor in Medicine.

February 1852.

To

Richard H. Thomas M.D.

Professor in the University of Maryland.

A.

An expression of admiration for his ability as a teacher.

and

As a mark of the highest respect for his moral worth.

By the Author.

There are, in the Science of Medicine, many subjects of importance and interest, from which a Student can select his subject for an Essay; none, I think, more worthy of his consideration and thorough investigation, than the one of the Signs of Pregnancy. It may be considered in two ways,- as a physiological and as a Medico-legal question. In the latter sense, it is a question that involves fame, station, honor, succession of property, the rights of legitimacy, the judicious treatment of disease, and, in Criminal Cases, the prosecution and destruction of the unborn child. The limits of an Essay will not allow me to consider fully the in both senses, even if I had the time; I shall, therefore, consider it principally in a physiological sense. This is a subject extremely worthy of the most thorough investigation of every Medical Man, as in it is involved his reputation as a Man of Skill and knowledge; besides, the honor and happiness of a female may depend upon the decision he

matter. In fact, the future happiness of many families and friends depends upon his decision. He should consider that it is not only in private practice our opinion is asked, in relation to this subject, but also in public, and the decision is not regarded a trivial matter, since it may settle disgrace upon a female. There is not, perhaps, of the many subjects upon which a physician is called to testify one more common than this. Although he is not in the presence of a set of gentlemen of his own profession, yet he must remember that many of these legal Men are well informed on all medico-legal questions. And ready in a moment to take exceptions to every thing that does not suit their case. Should a physician be summoned to appear before such a set of gentlemen and not be able to give clear and correct answers to their ingenious questions, in regard to insanity suffer and, with it, that of the noble profession which he has taken upon himself.

No longer, as in past years, is this branch of medicine neglected; - Not now, as in former times, is it in the hands of a few ignorant Midwives; - but in the hands of men of intelligence and worth. The inhumane laws that once existed, by which a woman was condemned and hanged, although she was known to be pregnant, exist no longer. Our present wise and humane law, which regards the Child as alive from the time of Conception, is totally opposed to the obsolete idea that, because a woman had not quickened, she had not the right, when sentenced to be hanged, to claim delay of the sentence of death until she should be delivered of her Child. -

Before proceeding to the special signs and symptoms of pregnancy, I shall take into consideration the general condition of a pregnant female. The changes are much more perceptible in some than in others; there is preternatural fulness and quickness of pulse; the quantity and

quality of the blood is changed; the sympathetic system is much disturbed, in some cases, to such an extent as to cause insanity; and the nervous system is very much disordered in some cases. Temperament and disposition change; the skin is very much changed, in some cases, almost black, - generally freckled. There usually an increase of the adipose tissue; not always the case, but occasionally the reverse. Respiration may be quickened, and the circulatory system, especially the urinary, is changed.

Having noticed the most general changes in the condition of an impregnated female, I shall now proceed to an investigation of the more special signs of pregnancy. In the important and interesting examination of the special signs, I shall simply endeavor to my opinion, formed after a hearty perusal of the of the most highly recommended works on this branch of the science of [illegible]

same time taking into due consideration the opinions expressed by my worthy Professor. It is a matter of regret that so few, of the many signs that we have, are to be entirely relied upon as infallible in pregnancy, yet it is gratifying that we can, by a combination of the rational and sensible signs, most generally arrive at a pretty certain conclusion as to the true condition of the woman. However it is a very difficult thing to form a correct diagnosis in the early period of pregnancy. As the difficulty of diagnosing cancer, when only one kind of its cells is taken into consideration, so it is in true pregnancy. It is only by a combination of the different cancerous cells that the true cancer is made known; even so in pregnancy - any one sign or symptom does not make us certain of pregnancy, whilst a combination of the signs and symptoms do. In making out a classification, I shall not have so much reference to the science, as to the time of appe

-arance of the different signs. I shall first take the rational signs, commencing with menstruation.

Menstruation. There is a periodical discharge from the female generative organs, which take place at the end of each month, which flow, on account of its regular appearance once in each Calendar month, has given it the name of menstruation. This discharge takes place from the uterus of every fully developed female, after her arrival at a certain period of life. It varies very much in its time of appearance, since climate influences it, appearing much earlier in the warmer than the colder climates. Its appearance also is a great deal influenced by the habits of the female, making its appearance earlier in those who early associate and become too familiar with the opposite sex. The duration of this discharge is from two to three days. It is not, as by some supposed, a pathological condition, but

a true physiological function. Having commenced its regular appearance is highly essential to the health of the female; and, unless obstructed it makes its appearance about the twenty-fifth day of each calendar month. There may be a suspension of this discharge, either from disease of some kind, or from pregnancy. We are thus lead to investigate its value as a sign of pregnancy. After a female has once commenced to have her catamenial discharge, and then ceases, after connection with the opposite sex, she comes to the conclusion that she is pregnant. As a general rule, this is her real condition; but this rule has many exceptions. The cessation may be caused by diseases of various kinds. We are well aware that this is not a true sign of pregnancy; so far from it, we are assured that there are cases in which there never was any menstrual discharge, until after the woman had conceived. But this is denied by others, who say it is not true that a woman

can become impregnated before the menstruates. It is said that there is a discharge previous to pregnancy, which has every constituent of true menstrual fluid, except the rubrigs; therefore should be regarded as true menstrual fluid. The menses most always cease of the conception; yet there are cases reported of the continuance of the flow for two, three months, or even the whole period of pregnancy. But this is also denied by a second party, who apart that the true menstruation does cease, and that this discharge is a vicarious one, coming, not from the uterus, but from the vagina. It is very rare to have a case of this discharge throughout the period of pregnancy, although it does sometimes continue up to the seventh month. The discharge may be poured out in the uterus and still no discharge of it from the organ, on account of obstruction of the mouth of the uterus, or of the vagina. In the latter the most common cause is an imperforate hymen.

Thus we are led to the Conclusion that the Cessation of Menstruation is not a certain diagnosis of the pregnancy, since it may be produced by other Causes than that of pregnancy.

Nausea and Vomiting. These are regarded as of importance, when taken in connection with the other signs; - Not of so much value if taken alone. They most frequently commence early in pregnancy, and at an early hour of the day, just as the female wakes, or soon as she has arisen from her bed. Although this is most frequently the case, yet they may come on later in the day; and in some very rare instances, even at night. The duration, in most Cases, is short, and of but little importance. Not so, however in the severe Cases and instances have been known where it has continued during the whole day and part of the night, and so continued until serious consequences are effected. As a general rule, they cease after the

tinuing for a few weeks or months. The cause is supposed due to a sympathetic action between the uterus and stomach. Having ceased there is not often a return of the nausea but there is a return of the vomiting not due, as in the first part of pregnancy, to a sympathetic condition, but to a mechanical cause. The uterus in the last month of pregnancy rises so high as to make pressure on the stomach and thus excites it to empty itself. This also ceases so soon as the uterus descends into the lower part of the abdomen. The vomiting occasionally gives rise to a good deal of uneasiness, and, if it cannot be remedied by any other means premature labour has to be brought on. The reason why we cannot rely on these signs is, that there may be nausea and vomiting, and yet pregnancy not exist; and pregnancy may also exist, and these signs be wanting.

Ptyalism. The discharge of saliva is sometimes very profuse, and was at one time regarded

as a sign of much importance, but is now the
right to be a sign of questionable value. The
saliva is of a very white color and very viscid.
It differs very much from mercurial ptyalism, since there is not that sponginess of gums,
nor foetor of breath which is present in
mercurial ptyalism. It is better known
among the vulgar as the "Spitting of Cotton".
Pica. This is a depraved appetite and
a desire for such articles as she is not used
to have. This perversion of the usual appetite does not often lead to any serious consequences, further than sometimes to cause trouble to obtain the desired articles. The most
serious part of the matter is, that if the
articles are furnished, they cannot be
procured without money; so, if the husband
should not be a married man, he in the
end will be the injured person, and not
the wife. It will not do, the old women think
to deny the wants of the female, as it may
lead, they suppose to serious consequences.

by the child being marked on the body by a representation of such articles as were not furnished.

Anorexia. This is a want of appetite without a loathing of food. If from mere sympathy which exist between the uterus and stomach but little can be done for it, the disgust will continue do what we may. If the female is very plethoric, she should be bled. This is a sign of some importance, when taken in connection with other signs, - of very little value when not accompanied by others.

Enlargement of the Abdomen. This is regarded as a sign of much importance since it must necessarily be present in every case of true pregnancy; but as it may make its appearance from other causes than pregnancy, this diminishes much the value of this sign. There is at the earliest period a flattening of the abdomen, and a depression of the umbilicus. Caused, it is supposed, by the uterus sinking lower down in the pelvis. Whether it is

the increased weight of the uterus itself, or its contents that causes it to descend and produce the flattening, is not known. If it settles down on account of the contents, it would not descend in cases of the uterus being filled with air or water, since the specific gravity of these are less than the weight of the child. However, it is denied that there can be such a thing as an uterus filled with air or water. As to the air, such a condition is said not be conceivable; and if water be present in the uterus at all, it can only exist there in a cyst. There are several causes that may give rise to enlarged abdomen, besides true pregnancy, - as Hydatids, Ascites, Retained menstrual fluid, with many others.

It is of much importance to notice the changes of the ambiguous as pregnancy advances. We saw, in the first third of pregnancy, that the navel was much depressed, and produced a good deal of pain just around the depression. The cause of

the depression is due to the uterus sinking further down in the cavity of the pelvis and, by this means, drawing upon the fundus of the bladder, thus rendering the urachus tense. As labour proceeds we find this depressed condition of the navel gradually disappearing, and finally, the navel is seen, in the latter part of pregnancy, very much changed; instead of being depressed, it is now very much elevated above the level of the abdomen, being pushed forward by the child which has arisen so high, in the abdomen as to get behind the navel. Although there is an enlargement from several causes, besides pregnancy, generally a true diagnosis can be made between the two & [illegible].

Breast. At variable periods, after pregnancy, we have certain changes in the mammae, proceeding from the sympathy which exists between the uterus and mammae. There is a sensation of throbbing and fullness, together with a tingling sensation. The glands become

at times, much enlarged and hardened, and so remain during the whole periods of pregnancy, sometimes, after enlarging, they become flabby, which is regarded as unfavorable. The Axillary glands are also enlarged. The mere enlargement of the breast cannot be relied on alone, but must be taken in connection with other signs as enlarged breast may be produced by other causes besides pregnancy. — Areola is that portion of the mammary gland just around the nipple. There are certain changes produced in it, which lead us to regard it a sign of some importance in making out a diagnosis of true pregnancy. Some Obstetricians attach great importance to the changes of this part of the gland, and perhaps more importance than is consistent, since the same changes may be produced by other causes besides those of pregnancy. It is especially valuable in females who are pregnant for the first time. The areola is about an inch

or two inches in diameter; this circle becomes pinkish or dark colored, when a female becomes pregnant. It is a more certain sign in first pregnancy than in a second, or in fact any pregnancy after the first; but even a woman who has never been pregnant has not this color so well marked. After once being pregnant, the color is not generally entirely removed, so we are at once induced to regard it as of much more value in first pregnancy than any subsequent. It must not be forgotten that there is always present a slight pinkish color around the nipple of virgins. There is not a restoration of the slight pinkish color to the areolae of those females, who continue to suckle their child. If the child is not applied to the breast at all, the discoloration will be very slight, and may entirely disappear. It is of a much deeper hue in those of black hair and dark eyes, than in those of light hair and eyes; and

by pregnancy only, it would be a valuable sign; but it is much diminished in value since we are well aware that it is often present in the breast of those who are not pregnant. It may be produced in the glands by obstructed menstruation. It has been found in a child of eight years of age; and even in the breast of men. We must remember that the milk of a nursing female may remain for weeks, months, or years after she has ceased to nurse. If taken in connection with the other signs of pregnancy, it may be considered as a conclusive sign of pregnancy, but, taken alone, is not of much value.

Urine. At quite an early period of pregnancy, there is a change in the urine which, by some, is regarded as a certain sign that the woman is pregnant. But such is now ascertained not to be a correct or other infallible sign of pregnancy; inasmuch as other [illegible] pregnancy produce the same change. [illegible]

the urine of women who are pregnant, there is a kind of pellicle formed, which makes its appearance at a very early period of pregnancy, and continues to be formed so long as she suckles, more especially is it seen in abundance when there is any obstruction to the flow of milk from the mammary glands. The pellicle is of an opaque, whitish, opalescent, granular color. After the urine is procured, and put aside from two to five days, this pellicle makes its appearance. There is a pellicle formed upon the urine of women who are laboring under Catarrh of Bladder, Phthisis pulmonalis, &c, which is mistaken for the pellicle formed on the urine of pregnant females, but it is soon ascertained by close observation not to be the true Kistein. When pregnancy is not the cause of the formation of the pellicle it forms much later, continues longer, and is converted into a kind of mould. It is with the true Kistein, after it continues

on the surface for several days, it gradually breaks up, is precipitated and disappears entirely. Its chemical properties are sufficient to distinguish it from formations produced by other means. Its microscopic characters as yet are disputed. The source of such a production as kistein is an important matter. It is said by some to be due to the presence of the liquor amnii, which is absorbed. By others, it is said to be due to the same fluid as that of the breast; and as a proof of this latter opinion, it is found to be most abundant, when milk is least secreted. In support of the opinion that it is due to the absorption of the liquor amnii, it is said that when liquor amnii and urine are put together, the mixture has many of the qualities of kistein. The presence of kistein should not be regarded as a certain sign of pregnancy, but if supported by other signs, occurring at the same time. Should there be a failure of this

at sometime during the supposed period of pregnancy, it is almost certain that the diagnosis is favorable to true pregnancy existing.

Oedema. There is in females an oedematous condition of the genital organs and extremities, caused by pressure of the uterus upon the blood vessels which are passing behind it, this condition, to be remedied, the cause must be removed, and then the oedema will disappear. In addition to oedema of the lower extremities, there is a blue mark seen passing back into the vagina, caused by a pressure of the veins and regarded as of very great importance by some, yet perhaps but of little importance.

Nervous system. There is sometimes a very great irritability of the nervous system which causes much uneasiness and loss of sleep. There is also a tingling sensation of pain about the face, which causes much distress. Sometimes there is a change

very much for the better since we find that females who were, before pregnancy, of an irritable disposition in every respect, now becomes mild and gentle as a lamb. Quite the contrary takes place at other times; the mild and amiable woman becomes fretful and disagreeable to every one that may approach her circle. In some cases there seems to be a general derangement of the whole nervous system; in others, a very little, if any at all.

Respiration. There is an alteration of the function of respiration, accounted for in two ways. It is said to be produced sometimes quite early in the disease. When it appears so early in pregnancy, it is said to be due to a congested state of the lungs. The explanation of difficulty of respiration in the latter part of pregnancy is very evident since it is produced by a mechanical cause;- that is, by pressure of the uterus upon the diaphragm, which

is forced up, and produces pressure of the lungs; hence difficult respiration, in the latter period of pregnancy is very readily accounted for.

Haemorrhoids. Towards the latter part of pregnancy, there is sometimes haemorrhoids, being produced either by pressure of the uterus on the hypogastric vessels, or from a constipation of the bowels.

Sensible Signs.

Quickening. By this, is meant the first sensation which the mother experiences, from the motion of the child in utero. There are many explanations of the cause which produces the first motion that communicates the sensation to the mother. It is explained in the first place, by a sudden rising of the uterus from within the pelvic excavation. In the second place, said to be produced not by the sudden elevation of the uterus from the pelvis, but by the motion of the child for the first time in the uterus. In the third place, it

is said to be due not the first or second explanation, but to the vermicular motion being, for the first time during pregnancy, given to the latter. The best of these above explanations, is the more plausible one. The time at which this sensation is most frequently made known to the mother, is about the middle of the fourth month, and sometimes later; possibly it may be earlier, but not oft earlier than the fourth month. Mothers, and those who would like very much to be, are often mistaken with regard to having felt this sensation; as it is known that they have prosecuted to have had the sensation when, afterwards, time clearly proved it to be a picture of imagination and not a real sensation. This sensation is attributed by some to the commencement of the vital principal in the child; but this is very erroneous, since we know that, from the first moment of conception, existence commences. There have been occasionally declarations of this sensation being felt,

when it proved not a pregnancy but a
of dropsy.
Change of the uterus. After conception has taken
place, there is a gradual increase both in the
weight and the size of the uterus. Conception
having taken place the uterus descends lower
in the excavation of the pelvis, where it remains
until about the first third of pregnancy was
elapsed; then it gradually rises towards the
abdomen. Its presence in the abdomen is mani-
fested by its gradual enlargement, as here-
tofore spoken of. The fundus and body are
the parts that are most enlarged during the
earlier and greater portion of pregnancy.
But even these parts enlarge more rapidly
in the latter part — especially in the latter
part of pregnancy is the change in the neck
greater than at any other time. The uterus
is not only increased in size and weight,
but the walls also are much thicker. The
fundus is first developed, then the body
and lastly the neck. Thus the change

wall of the uterus, would not be capable of being made to rise up by a sudden tap, but would remain stationary. This mode of diagnosis is best practiced from the fourth to the seventh month before the fourth, and after the seventh month, it is not generally produced. The bladder and rectum should be previously emptied. Generally this mode of examining enables us to tell whether or not the woman is pregnant, though sometimes it fails.

Auscultation. When the ear is applied to the abdomen of a pregnant female, there are generally two, and occasionally a third sound, heard. First. The Placental Sound, which is said to be produced by two or more causes, one is by pressure of the uterus upon the abdominal vessels; a second by means of the circulation of the blood in the uterine walls. It is said to be like the sound

upon first trial. We should not be dis-
couraged by one trial, but should make
several. However, the position of the child
may be such as to prevent the sound
from being heard at all.

Thirdly, The Umbilical Sound. This is a
sound which can only be heard when
the Cord is so situated as to be in re-
lation with the sides, or anterior part of
the uterus; such may be the case when
the Cord is around the neck, any of the
limbs or the body. There is more reliance
to be placed on the sound of the heart
than any other sounds in fact, it one of
the very few certain signs of true pregnan-
cy.

The Touch. This is not confined exclusively
to the vaginal examination, but also to
the touch through the rectum. In ascer-
taining the condition of the soft and
hard parts of female, in almost every
case the index finger is used. Many of

much importance that not only the index finger of one hand, but of both, should be well educated, as the position of the patient may render it necessary to use the index of the left instead of the right hand. Many of the facts under the head of the uterus were ascertained by the touch. It makes known to us many important things; by the touch we ascertain the position and presentation of the child. It makes known to us any obstructions which would prevent labour from proceeding favorably, and when necessary that we should interfere. Under no circumstances but absolute necessity should we make an anal examination. It may be necessary to do so, but very rarely, since the vaginal will, in almost every case, inform us of all that can be of service in aiding to form a true diagnosis of pregnancy.

An

Inaugural Dissertation:

On Ascites

submitted

for Examination

to the Board of Regents

And

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of the

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By

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Ascites.

Ascites though not properly a disease, is one of the most prominent symptoms of some disease, often unobserved by the patient and even physician. But as this symptom is the first often to be noticed by the patient and the only one frequently to be treated by the physician, in consequence of its embarrassing effects on the patient, it is generally spoken of by medical writers as a disease.

Cullen in defining ascites! says: "The term ascites is given to every collection of [illegible] causing a general swelling and distention of the lower belly." This definition is considered too extensive a one, and consequently the term is used in a more limited

sense than formerly. It is now applied only to abnormal collections of serum in the peritoneal sac. And serous effusions when confined by sacs developed in or upon the abdominal viscera, are termed encysted dropsies. Ascites when combined with edema of the extremities and more or less anasarca of the whole body is generally passive and chronic and dependant on organic disease of some one or more of the neighbouring viscera of which the dropsy is only a symptom. As ascites is often the result of structural disease, it is not uncommon to find it preceded by some constitutional disturbance. The patient presents a sickly and emaciated appearance often troubled with symptoms of several diseases but not enough of

any one to render them sufficiently diagnostic. It is a very common occurrence to find an ascitic individual a martyr to such; as costiveness, acid stomach, cardialgia, pain in the side and back, jaundice, palpitation and often symptoms that precede apoplexy.

The first symptom that usually shows itself in ascites after the commencement of the effusion is an uneasy feeling of fullness and weight in the abdomen. On examination the patient finds his abdomen probably slightly enlarged. The enlargement of the abdomen ~~of the abdomen~~ caused by ascites may generally be distinguished from other enlargements of the same part readily by proper diagnostic signs. The different encystic dropsies, tympanites and distended bladder are the only swellings that are

likely to be confounded with dropsy of the peritoneum. But such a mistake as pregnancy being taken for ascites, has been made. In ascitis the fluid is effused in the sac of the peritoneum, will reach the most dependent part and therefore change its position with that of the body. In cases where a doubt exists whether the patient be pregnant or ascitic, if she be placed on her back it will be evident in most instances in a moment from which of the two causes the enlargement proceeds.

If from ascites the protuberant abdomen while the patient was standing becomes flat and bulges out at the sides and if she turn on one side or the other, the liquid will follow accordingly. If from [illegible] the swelling will not change its place except it will

not be quite so pointed when she lies on her back; and the firm hard tumour of the impregnated uterus can easily be felt and distinguished through the parietes of the abdomen. Of the different encysted dropsies that are confounded with ascites, those of the ovaries are the most common. There will be but little difficulty in distinguishing the two, if the sac or sacs are not so large as to fill the whole abdomen. For if there is room and the liquid is confined by no other sac than the peritoneum, it will seek the most dependent part. In ovarian dropsy the liquid is contained in a cyst proper to itself and cannot therefore gravitate beyond its limits. The swelling therefore commences in one or both of the iliac regions and continues there unless the cyst becomes so

large as to fill the abdomen. On the contrary, the effusion of ascites is followed by a gradual and uniform enlargement. When the cysts or cells of the ovaries become so large as to fill the abdomen uniformly, which is not often the case, percussion will generally reveal ~~will generally~~ symptoms that will be sufficiently diagnostic. The intestines always containing some air, will be floated on the surface of the liquid when effused in the peritoneum and will yield a tympanic sound, when struck upon. And this place of resonance will be changed as often as the position of the patient is altered. The resonant part being always uppermost while the liquid part yields a dull sound, produced by the fluid.

in ovarian dropsy the Umbilical and Hypogastric regions will not be resonant let the position of the patient be what it may. Because the cyst is in front of the intestines, and as it enlarges will force them back and occupy their place with its contents and therefore give a dull sound where there often is a hollow one in ascites. There is an exception to this mentioned by Dr. Watson. "The effusion in ascites may be so great that the mesentery may naturally be too narrow to allow the intestines to reach the surface; or the intestines may be tied down by bands of false membrane the result of previous inflammation." In these cases we must enquire particularly into the early history

of the disease and discover if possible whether or not there were primary symptoms of any organic disease calculated to result in ascites.

Ovarian dropsy may exist long without any disturbance than the loss of the functions of the ovary and the inconvenience caused by the weight of the liquid. Which is the worst of the effects of ascites.

Ascites and pleuritic complaints are readily distinguished if the symptoms of the latter disease are at all referred to. In pleuritis there is universal resonance and no fluctuation as in ascites when the two maladies are combined, which is often the case, it is more difficult to tell how much of the distention may be referred to the one form and how much to the other

effusion. In regard to distended bladder
it is only necessary to make proper enquiry
as to the state of the bladder, use of
catheter &c.
The peritoneum like all other serous
membranes of the body is lubricated by
serum) its proper liquid.
The effete portions of which is removed
by the absorbents, in a healthy person,
as fast as its office is performed.
This fact being known, it was for a
long time that medical men ascribed
ascites altogether to debility of the
lymphatics [illegible] and
consequently their inability to absorb
the serum as exhaled. But experiments
of late [illegible] made [illegible] on
the etiology of this affection [illegible]
proven that [illegible] are the [illegible]

principally enfeebled in ascites, particularly of the passive kind. The more fluid part of the blood appears to pass into and out of the veins as they are more or less empty on the principle of endosmose and exosmose. Now as the diseases that act as causes of ascites are both acute and chronic so are their effects acute and chronic. Ascites when the result of acute inflammation of the peritoneum is acute and the liquid is generally for the most part absorbed provided the patient survive the more distressing effects of the inflammation. And if none of the viscera become involved by the primary disease the patient will recover. But unfortunately ascites in a vast majority of instances is the result of some organic disease

producing congestion of the portal system such as those of the liver, heart spleen, pancreas and even lungs. It has been observed that diseases of the liver are by far more frequently connected with the affection under consideration, than those of any other organ. This is not surprising since it has been discovered that abstruction of the abdominal veins is the most fruitful cause of an accumulation of serum in the peritoneum. The Superior and Inferior mesenteric, Splenic and Gastric veins returning blood from the viscera enwrapped by the peritoneum to the heart all converge to form the Vena Porta which circulates through the liver. Any congestion of the portal branches in the liver will necessarily if continued long enough congest Intubulaire

the abdominal veins. Of diseases of the liver there is one very prolific of ascites. This is what Laennec calls Cirrhosis, more familiarly known in this country and England as hobnail liver and gindrinkers liver. The true character of this disease appears to be a chronic inflammation of Glisson's capsule, the proper capsule of the liver. The capsule of Glisson is an areolo-fibrous tissue and not only invests the liver but dips between the lobules of the gland, surrounds the vena Porta and hepatic artery & duct in their passage through the lesser omentum and lines the portal canals. In short it is the connecting membrane of the [illegible] composing the liver. Inflammation will thicken and contract this membrane like all others. And as this

capsule, forms sheaths for the vena Porta, hepatic artery and duct, these vessels will become more or less congested, by its thickening, consequently congestion of whole portal system. Now this will be followed by a collection of serum in the abdomen constituting ascites. The hepatic artery being the nutrient artery of the liver its obstruction will cause atrophy of the gland, while obstruction of the duct will account for the jaundice so often accompanying ascites. Diseases of the heart not unfrequently act as primary causes of passive ascites. But from the immediate cause is congestion of the portal system effected from the heart. Disease of the tricuspid valve causing obstruction of circulation, constriction opening and regurgitation will be the consequence

sometimes of clogging the inferior cava and thereby congesting the liver and portal system. Like diseases of the left chambers and mitral valve, will also produce the same effects, though probably not so promptly. Hypertrophy alone of the heart may produce ascites by the pressure the enlarged organ exerts on the inferior cava. And hypertrophy with dilatation for the same reason, added to the effects the dilatation would have on the auriculo-ventricular opening.

The primary cause of ascites has been found sometimes to exist in the lungs in the form of tubercles congesting the pulmonary artery.

Malignant diseases of the Pancreas Spleen and Stomach such as [illegible] or tubercles may produce congestion of the

corresponding veins or of the whole portal system and act as causes of ascites.

The prognosis of ascites is generally unfavourable. Since those diseases of which the malady under consideration is symptomatic are for the most incurable a permanent cure is seldom expected much less accomplished. But there is a form of ascites unattended often with general dropsy attacking persons after exposure to cold, that is readily removed by proper treatment. Such cases are the result of suppressed perspiration.

The first remedies usually resorted to in treating ascites are diuretics and hydragogue cathartics, to promote active absorbtion by the increased discharge

of the more fluid part of the blood. When the affection is dependant on acute inflammation these agents will often be effectual, particularly if preceded by venesection. Should the effusion depend on a watery or depraved condition of the blood which is unsoubtedly one source of all dropsies, blood letting or mercury would be injurious if carried to any length. Hydragogue cathartics and diuretics are also debilitating, but as some increased excretion must be resorted to, to promote absorption this is accomplished perhaps by their means with less deleterious effects than by any other remedies we possess. Elaterium, Colocynth, Gamboge and Jalap are among the many cathartics used for this purpose. [illegible] may be used

separately or two or more of them combined. Mercury is an excellent adjunct particularly if the affection be connected with congestion of the liver.
Bitartrate of potassa by its combined cathartic and diuretic effects will sometimes act like a charm for a long time in preventing the accumulation of the liquid. It should be used in large quantities, but in small doses often repeated to be of service. Digitalis though diuretic its power to increase the secretion of the kidneys is so slight, that it may be considered a minor agent in removing the effusion in ascites. But the sedative property of this remedy renders it a valuable one in the treatment of dropsy. Particularly in those cases in which disease of the heart appears to be the cause of the obstruction.

Digitalis may be given alone in one grain doses and gradually increased until its action is observed. But it is probably better to combine it with squill or some other diuretic or with alterative doses of mercury. I have known the Amoniated tincture of Guaiac to keep the effusion under for a long time. It appears to act as an alterative on the liver, as well as to increase the secretion of the kidneys. Probably the heart is not at all envolved in those cases in which this tincture is of service. For if so, it is likely that its stimulating property would do more mischief than its alterative effect would do good. It often happens that all the cathartics, diuretics, sedatives and many of the other classes of the Materia Medica has

been tried, but with no benefit. Should the fluid continue to increase so as to exhaust the patient by encroaching upon vital organs it will be necessary to resort to the operation of paracentesis for temporary relief. Entertaining at the same time a slight hope, that this operation has been attended by a permanent cure. But instances are so rare as not to permit an operation where it can be avoided, which is sometimes attempted with so disheartening effects and so little or no manifest advantage.